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# National Evaluation of the Handyperson Programme





# National Evaluation of the Handyperson Programme

Karen Croucher, Research Fellow, CHP  
Karin Lowson, Senior Associate, YHEC  
Michael Fountain, QA Research  
The University of York

January 2012  
Department for Communities and Local Government

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Department for Communities and Local Government  
Eland House  
Bressenden Place  
London  
SW1E 5DU  
Telephone: 030 3444 0000

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# Executive Summary

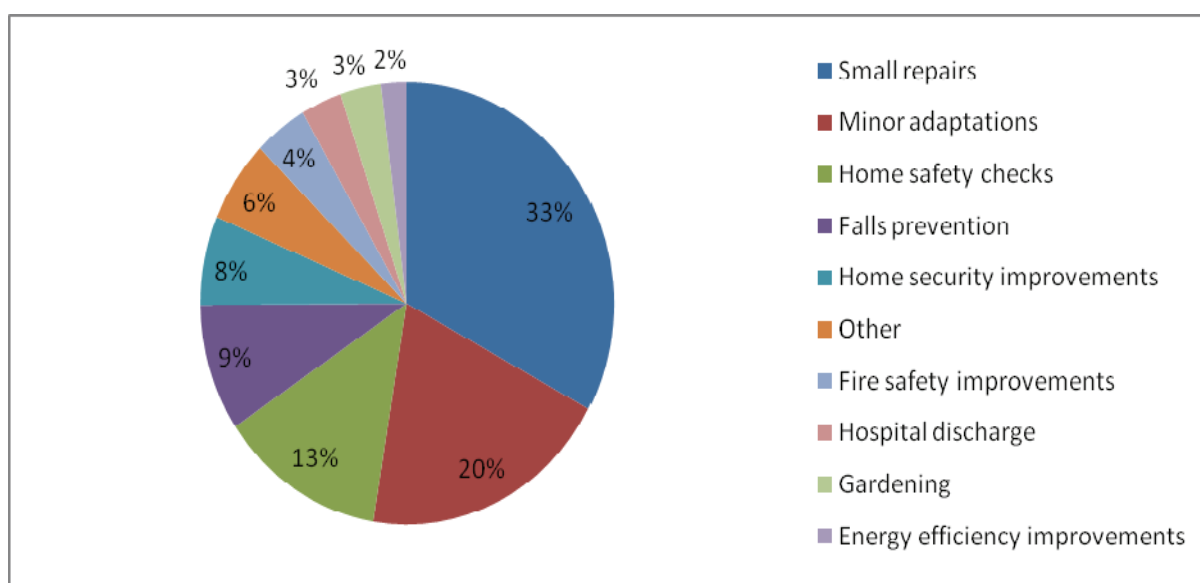
## Overview

This evaluation of the DCLG Handyperson Programme has shown that handyperson services are assisting large numbers of older, disabled and vulnerable people to live independently in their own homes for longer in greater levels of comfort and security. They offer an important safety net for older people, and they also enhance the effectiveness of health and social care provision through the delivery of often very simple and very low cost interventions. Services are consistently highly rated by people who use them, and they are valued for their trustworthiness, reliability, quality, and crucially for the skills and respectful attitudes of the staff. As the population ages there will be greater demand for such services, and a greater imperative to assist older people to live independently. Handyperson services can and do support the preventive agenda. This evaluation has demonstrated that handyperson services provide value for money, and while this is the overriding message, the “value-added” aspects of services can only strengthen the case for supporting these services. Small things do matter, and can make an enormous difference.

## Background

Evidence consistently shows that older people place great value on services that offer them “that little bit of help” and enable them to remain living independently in their own homes. Handyperson services are perhaps one of the best examples of “that little bit of help”, assisting older, disabled and vulnerable people with small building repairs, minor adaptations such as the installation of grab rails and temporary ramps, ‘odd’ jobs (such as putting up shelves, moving furniture), falls and accident prevention checks, and home safety and energy efficiency checks. (See Figure below).

### Percentage of service users receiving different types of handyperson activity



Data source: First service provider survey: baseline 111 responses.

Handyperson services are sometimes part of the wider package of services provided by Home Improvement Agencies, often located in local authorities, sometimes by housing associations under contract to a local authority, and sometimes by third sector organisations. Crucially handyperson services can signpost older people to additional sources of help and support.

Handyperson services were first set up in the UK by the charitable sector in the early 1980s with the aim of improving the quality of older people's lives by improving their housing conditions. There is a range of funding sources for handyperson service including Supporting People<sup>1</sup>, adult social care and health services. Despite the growth of handypersons services since the 1980s, provision remained patchy, with older people in some local areas unable to access services, and services in other areas unable to provide a comprehensive service. In 2009 the Department for Communities and Local Government (DCLG) introduced additional funding for handyperson services to enable local authorities to develop new services or expand existing services. Alongside this programme, nineteen enhanced pilot projects were also funded to test new and innovative service developments.

Researchers from the University of York have evaluated this programme of funding. The evaluation adopted a number of different methods including: a literature review; surveys of local authorities, service providers, and service users; and case studies focusing on a number of different services. A summary of the findings of the evaluation is presented below.

### **Cost and Benefits of Handyperson Services**

Using data collated from service providers during the course of the evaluation, and the Handypersons Financial Benefits Toolkit, it can be demonstrated that handyperson services can be cost beneficial.<sup>2</sup> Based on conservative modelling assumptions, the benefits achieved by the handyperson programme outweighed the costs of providing the programme by 13 per cent<sup>3</sup>. Investment in handyperson services leads to avoided costs elsewhere. In particular the biggest costs that can be avoided are with social services. Financial benefits of handyperson services could be significantly greater than this as the scope of this modelling has been limited to benefits for which a financial value can be attributed. Benefits such as improving older people's independence, quality of life and sense of wellbeing can also be achieved, but are not quantified in the model.

Key areas of work where the low cost preventive interventions provided by handyperson services offer the potential to reduce demand for health and social care services include:

- Small repairs and minor adaptations that reduce the risk of falls and enable independent living;

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<sup>1</sup> Supporting People rolled into Formula Grant with effect from April 2011.

<sup>2</sup> The Handyperson Financial Benefits Toolkit has been designed to allow handyperson services to estimate the social benefits that services deliver and assists with the development of business cases. See: <http://www.communities.gov.uk/publications/housing/financialbenefitstoolkit>

<sup>3</sup> This figure should be treated as indicative rather than absolute, given the number of modelling assumptions made. See Section 3.6 for further explanation.

- Home security measures that prevent burglaries and increase people's sense of security in their own homes;
- Hospital discharge schemes where a swift response to requests for the installation of key safes, grab rails, temporary ramps, or moving a bed or other furniture can reduce the length of hospital stay;
- Energy efficiency checks and measures which lead to improvements in health and wellbeing, safety, comfort and expenditure on fuel.

Such preventive services are cost effective, for example:

- Postponing entry into residential care by a year saves on average £28,080 per person<sup>4</sup>.
- Preventing a fall leading to a hip fracture saves the state £28,665 on average<sup>5</sup>.
- Housing adaptations reduce the costs of home care (saving £1,200 to £29,000 a year)<sup>6</sup>.
- Hospital discharge services speed up patient release, saving at least £120 a day<sup>7</sup>.

The average cost per client in 2010/11 was £67 for service providers who were able to identify the impact of DCLG funding (and the average number of jobs undertaken for individual clients was 1.5). These average costs are comparable with costs reported in other studies of handyperson services.<sup>8</sup>

In summary handyperson services deliver a relatively high volume of preventive activity at a relatively low cost. A full discussion of the costs and benefits of the handyperson programme is presented in Section 3 of the main report.

## Supporting Independence

The evaluation also showed that handyperson services support older people to live independently. Both the service user survey and interviews with service users undertaken as part of this evaluation showed that people who use handyperson services are usually older people, with health problems or disabilities, living alone, on low or modest incomes in older properties. Many had few other sources of informal or formal assistance. The survey and interviews also showed very high levels of satisfaction with handyperson services. When asked to rate their levels of satisfaction with services received, 97 per cent of survey respondents gave a score between 7 and 10 (where 10 is "completely satisfied"); and 74 per cent of respondents gave a score of 10. This satisfaction is generated by a number of different aspects of the services. Service users value the wide range of small tasks that services undertake, and feel it would be difficult to find "ordinary" tradesmen who would be prepared to undertake such work. The affordability of services is also important to service

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<sup>4</sup> Lang and Buisson (2008), Annual Cost of Care Home Report

<sup>5</sup> Ibid

<sup>6</sup> Ibid

<sup>7</sup> Personal Social Sciences Research Unit for Department of Health (2010), National evaluation of POPPs

<sup>8</sup> See for example: [http://wwwFOUNDATIONS.UK.COM/resources/future\\_hia\\_booklets/handyperson\\_services](http://wwwFOUNDATIONS.UK.COM/resources/future_hia_booklets/handyperson_services)

users. However many are, or would be, happy to contribute something towards service costs. People also valued the very practical support which enhanced their sense of security, comfort, choice, and control in their own homes. When survey respondents were asked what difference handyperson services had made to them, responses showed that:

- 72 per cent of service users felt that their home was a more secure environment;
- 69 per cent of service users felt they were better able to maintain their independence;
- 65 per cent of service users felt they were able to do more in the home.

Unsurprisingly responses to these questions were strongly linked to the work that was undertaken. Those respondents who had spy holes, chains, locks, etc installed were significantly more likely to feel their home was a more secure environment as a result of the service (83 per cent); those with falls equipment installed or who had their appliances checked were more likely to feel their home had become a safer environment (93 per cent and 100 per cent respectively).

Knowing the service was trustworthy and reliable - that the handypersons were “checked”, that they would do a good job, that they would not over-charge or suggest work that was unnecessary - were among the most crucial and valued aspects of the service. The comment below, taken from an interview with a service user, neatly sums up what many service users told us:

*“It’s the fact that there’s somebody, you know it’s safe. You don’t know where to go when you’re on your own to get people to do these little jobs for you that you can trust, just having the handyman to do the odd jobs, you know, it’s a life saver.”* (Service user, CS5/2)

## **Serving the Preventive Agenda**

Interviews with commissioners and service providers highlighted the preventive nature of handyperson services. Much of the work undertaken by handyperson services is related to reducing risks and hazards and improving people’s safety and well-being in their homes. Typically a full time handyperson can make up to 1,200 visits in a year offering the potential for an informal “check” on large numbers of older people living alone, many of whom might be reluctant to contact other organisations such as social services, or indeed not know what help is available to them. A visit from a handyperson to undertake a small job is often the first step in identifying potential risks and hazards in people’s homes (which may be easily remedied by the handyperson), as well as a range of previously unrecognised and unmet needs. Such needs may go beyond what handyperson services can in themselves provide, but handyperson services can then direct to other sources of help and assistance. This observation by one of the handypersons interviewed sums up the preventive role of handyperson services very well:

*“We can get better feedback by seeing how people are living and coping. If social services go in, people alter things, disguise things. They don’t see us as snoopers; we’re there to help people. We can see a lot just by observing how*

*people can cope. If we see a trip hazard, we can sort it out while we're there, or book it in. We tend to gel with the other services. We're like a filter system. There's loads of things that people don't know about that we can fill them in on. And we can get in touch straight away with other services. Referrals via other routes seem to take longer. If we refer something it tends to get acted on."*  
(Handyperson, CS8/S/2)

### **What Makes a Service Successful?**

The interviews undertaken with service providers as part of the evaluation highlighted the person-centred focus of handyperson services as being key to their success. The attitudes and skills of frontline staff not just in undertaking the handyperson tasks but also in working with older (and often isolated people) were essential for a service to be successful.

*"Our team is key to it - we have a dedicated team who are local, who are professional, who have their hearts in the right place, and who see this as not just a job, but they buy into the idea of helping the elderly and vulnerable people, and that's the key to our success really. And obviously keeping them up to date with the latest trends, and keeping them fully resourced, helps keep their morale up and in turn they deliver a good service."* (Service Manager, CS10/S/2)

Collating and using feedback from service users is also key to success. Service user surveys can demonstrate that the service is reaching target groups, how service users rate different aspects of the service, and the differences services have made. Individual case studies are also powerful ways of illustrating how less quantifiable aspects of services are valued by service users and the potential differences services can make to individuals. Such qualitative data is essential to inform service development and improvement, and also for making the case to funding bodies. The need for services to connect with local decision makers, as well as partner organisations and professional groups who can effectively lobby on behalf of services was also highlighted. Learning from the handyperson projects, that explored new and innovative ways of developing services, shows that handyperson services can build on local knowledge and strategic links to take services forward in distinctive ways that meet local needs, further support and enhance health and social care services, and serve local strategic objectives.

### **Making the Case for Handyperson Services**

This evaluation has shown that the case for handyperson services can be made on the basis of both value-for-money arguments, and "value-added" arguments. The Handyperson Financial Benefits Toolkit can be used to demonstrate that Handyperson services provide value for money. The "value-added" arguments can be built around the capacity of services to promote independence and to enable older people to have more choice and control of their home environments, service users' satisfaction, and the preventive role of services. These arguments need to be presented to key stakeholders: local commissioners and commissioning groups, including the Health and Wellbeing Boards and GP consortia, as well as professional groups (such as occupational therapists, hospital discharge teams) and

community organisations that can lobby for and support handyperson services.  
Handyperson services are, and should be, actively promoted as a central component of services that support older people to remain well and live independently in their own homes.

# Section 1: Introduction and Context

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## 1.1 BACKGROUND

Handyperson services were first set up in the UK by the charitable sector in the early 1980s with the aim of improving the quality of older people's lives by improving their housing conditions. Handyperson services have grown over the last 30 years. They may be provided by Home Improvement Agencies, housing associations and third sector organisations. Services typically offer help with small jobs and minor repairs in the home (see below). Funding can come from a range of sources, including Supporting People<sup>9</sup>, social care, health, police and fire services. Evidence from a number of studies (including the Older People's Inquiry undertaken by the Joseph Rowntree Foundation<sup>10</sup>) consistently highlights the value placed by older people on such services that offer that "little bit of help", and enable them to remain living independently in their own homes. According to Care & Repair England:

*"Older people place a high value on small scale assistance such as handyperson services and consider that such help is critical to retaining independence and quality of life".<sup>11</sup>*

Most recently Baroness Barker, at an All Party Parliamentary Group (Housing and Care for Older People) Inquiry made the comment:

*"Handyperson services are the gods of the older persons' world."<sup>12</sup>*

Despite the growth of handypersons services since the 1980s, provision remained patchy, with older people in some local areas unable to access services, and services in other areas unable to provide a comprehensive service. In response to this, the Department for Communities and Local Government (DCLG) introduced funding in 2009 for all local authorities in England, to develop handypersons services where they did not exist, and to build capacity in existing services. Funding of £33m was announced as part of the then-Government's national strategy for housing in an ageing society.<sup>13</sup> The major part of this funding (known as "Part A" funding) comprised allocations of around £12m in 2009/10 and £17.5m in 2010/11 to enable local authorities to expand and further develop existing handyperson services or, where no such provision existed, to develop new schemes (hereafter known as the "handyperson programme"). "Part B" funding comprised allocations of

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<sup>9</sup> Supporting People rolled into Formula Grant with effect from April 2011.

<sup>10</sup> <http://www.jrf.org.uk/publications/report-older-peoples-inquiry-bit-help>.

<sup>11</sup> Care & Repair England (2006) Small things matter: the key role of handyperson services. From [www.careandrepair-england.org.uk/handyperson](http://www.careandrepair-england.org.uk/handyperson). P.4.

<sup>12</sup> Baroness Barker, quoted in All Party Parliamentary Group on Housing and Care for Older People, "Living well at home" Inquiry Report (July 2011) p.18.

<sup>13</sup> *Lifetime Home, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society* (DCLG, February 2008).



between £50-200k for innovative and enhanced housing-related support services for older people. Part B funding was awarded via a competitive bidding process to 19 local authorities (hereafter known as “enhanced pilots”). These enhanced pilots were all different, reflecting local needs, strategies, and thinking about how handyperson services could develop and expand in innovative ways. Enhanced pilots included the provision of housing advice services for older people, a de-cluttering project, garden clearance and additional security, additional training of handypersons to take on more focused roles within particular services or service user groups, as well as projects that focused on intelligence gathering to enable service to target localities or groups of service users most in need of services. In October 2010 the Coalition Government announced continued funding of £51m over 2011/15 for handypersons services<sup>14</sup>), which has been made available through Formula Grant.

## **1.2 THE ROLE OF HANDYPERSON SERVICES**

DCLG, Foundations<sup>15</sup> and Care & Repair England<sup>16</sup> all have a similar definition of what we mean by handyperson services, and what such a service should deliver.<sup>17 18</sup> The overall intention is predominantly preventive, and handyperson services can and do play a key role in:

- Prevention of falls and accidents;
- Prevention of delayed discharges from hospital;
- Improvement of home security;
- Improvement of energy efficiency;
- Prevention of fire and detection of carbon monoxide.

To serve the prevention agenda, services typically should cover:

- Small building repairs;
- Minor adaptations (such as installation of grab rails or temporary ramps);
- “Odd” jobs (for example, putting up curtain rails and shelves, moving furniture);
- General home safety checks with remedial action (for example safety checking or repairing/replacing appliances);
- Falls/accident prevention checks with remedial action (for example, securing loose carpets or putting up grab rails);
- Security checks with remedial action (for example, checking and replacing window and door locks);
- Energy efficiency (for example installing low energy light bulbs, draft proofing);
- Signposting clients to other services.

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<sup>14</sup> “Housing Strategy for Older People” funding

<sup>15</sup> Foundations is the national organisation for Home Improvement Agencies in England, for further information and resources see: <http://wwwFOUNDATIONS.UK.COM/home>

<sup>16</sup> Care & Repair England is a charity established in 1986 to improve the housing conditions of older people. For further information and resources see: <http://www.careandrepair-england.org.uk/mission.htm>

<sup>17</sup> DCLG and Foundations (2009). The Future Home Improvement Agency: handyperson services report. (February). From [www.communities.gov.uk](http://www.communities.gov.uk)

<sup>18</sup> Care & Repair England (2006). Small things matter: the key role of handyperson services. From [www.careandrepair-england.org.uk/handyperson](http://www.careandrepair-england.org.uk/handyperson)

### 1.3 PURPOSE OF THE EVALUATION

Alongside the handyperson funding programme, DCLG also commissioned an independent evaluation of the services and enhanced pilots. The evaluation was undertaken by a team comprising members of the Centre for Housing Policy (CHP) and the York Health Economics Consortium (YHEC) from the University of York.

The purpose of the study was to evaluate the two-year handyperson programme and enhanced pilots in terms of processes underlying the potential success of the programme, outcomes and satisfaction for service users, value-for-money and lessons for dissemination. There were five key objectives for the evaluation to:

- Measure the success of the handyperson programme and enhanced pilots in achieving their core objectives;
- Identify the value-for-money of the programme by exploring the costs of running the programme, how money was spent and the additional cost savings that can be generated from handyperson interventions;
- Identify whether service users' needs have been met both in terms of individual outcomes achieved and client views about the impact of the service received on their lives for both the handyperson programme and enhanced pilots;
- Assemble robust evidence on the process issues associated with implementation and operation of handyperson programme and enhanced pilots;
- Identify lessons learned and promising practice developed by the enhanced pilots.

To address these objectives a number of different methods were used over the eighteen month period of the evaluation (January 2010 – June 2011). Following preliminary data gathering, surveys were sent electronically to local authorities and service providers who had received funding from the handyperson programme in May 2010 and February 2011. These two surveys were designed to collect information about how the funding had been used in 2009/10 and 2010/11. The first survey collected information on funds received and the use to which funding was put.<sup>19</sup> Service provider surveys collected data on funds received and spent, including client groups, activities, staff employed and changes to services.<sup>20</sup> The second survey of local authorities and providers focused mostly on sustainability and plans for services in the future.<sup>21</sup> In addition, data was collated on the initial progress of the enhanced pilots via structured interviews with key informants for each of the pilots (usually the Supporting People lead or service manager). Fifteen case studies were undertaken focusing on eight provider organisations that had only received Part A funding, and seven that were enhanced pilot sites. The case studies that participated in the evaluation were a

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<sup>19</sup> Seventy six local authorities (out of 151 local authorities) responded to the first survey, a response rate of 50.3 per cent.

<sup>20</sup> One hundred and eleven service providers responded to the first survey. The provider response rate to the survey is not known, as local authorities were asked to forward provider questionnaires to the provider organisations in receipt of Part A funds. All local authorities (151) received Part A funding but not all responded to the survey.

<sup>21</sup> Sixty seven local authorities (a response rate of 44.4 per cent) ; 63 service providers responded to the second surveys.

purposive sample, representative of a range of different organisations and service models. Semi-structured interviews were undertaken with key informants from the service providers (including service managers, case workers, and handypersons) and other stakeholders, for example, commissioners, and other service partners, and additional data collated (for example, in-house evaluations when available, reports on activity, information from clients). Finally a telephone survey of 173 service users was undertaken by market research organisation (QA Research), supported by in-depth telephone interviews and face-to-face interviews with 26 service users. The evaluation team was supported by an Advisory Group made up of officials from across Government and representatives from the voluntary and community sector.

## **1.4 STRUCTURE OF THE REPORT**

This report is mainly targeted at commissioners in local authorities and local health economies and providers of handyperson services but is also intended to be accessible to a wider 'lay' audience, for example, members of Older People's Forums. The report is primarily focused on knowledge, practice sharing, and key learning points. This report is also supported by a series of technical appendices, which cover the detail and methods of the evaluation, which will be available on the Centre for Housing Policy website<sup>22</sup>.

The report comprises five further sections:

- Section 2 presents an overview of the value-for-money and “value-added” aspects of handyperson services;
- Section 3 examines what the Part A element of the DCLG Handyperson Programme funding achieved: including how the funds were spent, the clients who benefited and the costs and benefits achieved;
- Section 4 examines lessons learnt from service users, and what are the “value-added” aspects of handyperson services that are most important to users;
- Section 5 looks to the future, by examining what might be the role of handyperson services, how they could work, what are areas for development, what are the benefits to be achieved, and what new and innovative services can be developed. It also discusses the sustainability of services by examining options for business models, social enterprise, charging and funding;
- Section 6 presents the key learning points from the enhanced pilot projects.

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<sup>22</sup> <http://www.york.ac.uk/chp>

## Section 2: Making the Case for Handyperson Services

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### Key messages

- The case for handyperson services can be made on the basis of both value-for-money arguments, and “value-added” arguments;
- Handyperson services are predominantly serving older people, living alone in their own properties, with high levels of disability and impairments, often with limited financial resources, and few alternative sources of formal or informal support;
- Handyperson services are tailored to address local needs hence the diversity of service design;
- The Handypersons Financial Benefits Toolkit can be used to demonstrate that handyperson services can generate modest savings to health, social care, and to service users;
- Value-added arguments can be built around the following themes:
  - Assisting older people to live independently in their own homes;
  - Enabling choice and control;
  - High levels of service user satisfaction.
- Feedback from service users is an essential means of making the case for handyperson services, particularly around the value-added aspects of the services;
- The case for services needs to be made to commissioners and other community based groups and champions that can promote and advocate for services.

### 2.1 INTRODUCTION

The evaluation was intended to identify how the additional funding allocated for handyperson services by DCLG had been used, the differences it had made, and key lessons learned. Since the programme of funding was initiated and the evaluation commissioned (December 2009), the policy and financial context in which both central and local government operate is now very different.<sup>23</sup> Despite the changing political landscape, key issues remain the same. There will be growing numbers of older people in the coming decades, many will be homeowners, increasing numbers will live alone, and increasing numbers will be living with long term chronic health problems.

This evaluation has shown that handyperson services are assisting large numbers of older people to live independently in their own homes in greater levels of comfort and security. They offer an important safety net for older people, as well as enhancing the effectiveness of

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<sup>23</sup> [http://www.cabinetoffice.gov.uk/sites/default/files/resources/coalition\\_programme\\_for\\_government.pdf](http://www.cabinetoffice.gov.uk/sites/default/files/resources/coalition_programme_for_government.pdf)

health and social care provision through the provision of often very simple and very low cost interventions. Services are consistently highly rated by people who use them and they are valued for their trustworthiness, reliability, quality, and crucially the skills and respectful attitudes of the staff. As the population ages there will be greater demand for such services, and a greater imperative to assist older people to live independently. Handyperson services can, and do, support the preventive agenda. This evaluation has demonstrated that handyperson services are value for money, and while this is the overriding message the “value-added” aspects of services can only add strength to the case for supporting these services. Small things do matter, and can make an enormous difference.

In this section of the report we reflect on how the case can best be made to support and develop handyperson services.

## **2.2 COSTS AND BENEFITS OF HANDYPERSON SERVICES**

Using the data given by service providers in receipt of Part A funding (see Section 3) and the Handypersons Financial Benefits Toolkit,<sup>24</sup> it can be demonstrated that the Part A element of the Handyperson Programme has generated modest cost benefits which accrue in the main to social care services, and health. The key areas of work where these savings can most easily be demonstrated include:

- Small repairs and minor adaptations that reduce the risk of falls and enable independent living;
- Home security measures that prevent burglaries and maintain independent living;
- Hospital discharge schemes (where they include hazard management and equipment installation) that reduce the risk of falls, maintain independent living and reduce length of hospital stays;
- Fire safety checks and installation of alarms and smoke detectors that reduce death and injury caused by fires;
- Energy efficiency checks that reduce excess winter deaths and expenditure on fuel, where a check leads to an intervention to improve heating or warmth in a home.

The evidence from the evaluation indicates that services are being targeted at such activities. As the comment from a service manager below demonstrates, while it may be difficult to attribute cash savings to a single preventive intervention with an individual service user, the numbers of clients seen by a typical handyperson service, and the relatively low cost of the interventions, should support the case for funding.

*“The falls prevention service, we know what it costs if somebody falls and breaks their hip, if we prevent four people a year from doing that every year that will pay for the service, but we actually see 700 people, so you can’t prove it but you can indicate that’s probably very good value for money for them [commissioners] to be doing that.” Service ManagerCS1)*

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<sup>24</sup> <http://www.communities.gov.uk/publications/housing/financialbenefitstoolkit>

## 2.3 SUPPORTING INDEPENDENCE AND CHOICE IN LATER LIFE: THE ADDED VALUE OF HANDYPERSON SERVICES

In the current climate there is an imperative to demonstrate value-for-money. However, as noted by many of the commissioners and services providers that were interviewed as part of the case studies, handyperson services offer more than value for money, and there are many “added value” aspects to handyperson services that are difficult to quantify or measure in monetary terms.<sup>25</sup>

A particular strength of handyperson services is their capacity to support key policy objectives around assisting older people to live independently in their own homes (see for example, *The Coalition: Our Programme for Government*)<sup>26</sup>. Evidence from the service user survey, the surveys of providers, and the case studies demonstrates that handyperson services are serving predominantly older people, living alone in their own properties, with high levels of disability and impairment, often with few alternative sources of informal or formal support, and with limited financial resources. Service users reported greater feelings of comfort and safety in the home environment and greater capacity to carry out activities of daily living.

Services are highly rated, trusted, and valued by older people. The service user survey and interviews with service users demonstrate very high levels of satisfaction with handyperson services (see Section 4). From the perspective of service users, perhaps the most important value of handyperson services was their trustworthiness. This trustworthiness in combination with “quality” aspects of handyperson services - the reliability of the service, quality of the work carried out, respectful attitude of the staff and the range of jobs that can be undertaken - all underpin these high levels of satisfaction. This evidence is consistently substantiated by customer satisfaction surveys carried out by individual service providers as well as other studies. As many of the case study interviews with providers and commissioners highlighted, these high levels of satisfaction reflect the client centred and customer focused nature of handyperson services. This ethos serves long standing health and social care policy directives around providing more choice and control to service users.

The service user survey and interviews with service users demonstrated the wide range of different tasks that handyperson services undertake, reflecting the particular needs and preferences of service users. Some of these tasks might not generate savings to other services in the way that more targeted programmes (i.e. hospital discharge or falls prevention programmes) might; however these small services are of significant importance to service users. Examples from interviews with service users and case studies include such tasks as fitting window blinds, putting up shelves, mirrors, pictures, constructing flat

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<sup>25</sup> Note that the Handypersons Financial Benefits Toolkit highlights a range of benefits generated by handyperson services, however there is currently only robust evidence that demonstrates the potential for costs savings for a limited range of interventions, notably falls prevention, hospital discharge, security and fire prevention, and energy efficiency.

<sup>26</sup> HMSO 2010; See [http://www.direct.gov.uk/prod\\_consum\\_dg/groups/dg\\_digitalassets/@dg/@en/documents/digitalasset/dg\\_187876.pdf](http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_187876.pdf)

pack furniture, and small repairs to the fabric of a property. They enable service users to enjoy a degree of choice and control over their home environment which they might otherwise not have.

In line with the comments and discussion with service users reported in Section 4, those working in handyperson services were very clear about the “value-added” aspects of the service for service users: trustworthiness, reliability, affordability, knowing there was a service that could offer help with small tasks that could generate considerable anxiety if left, and also a service that could offer help with directing to other services that could help with other problems.

*“It’s having someone they can trust, and somewhere reliable to go to...they know they can come to us, everybody is CRB checked.. and if they have a problem, they can come to us and it will be addressed, they’re coming to an organisation rather than an one-man-band”* (Service Manager, CS9/S/2)

*“When somebody hasn’t been able to leave the house because of that big high step, or because they can’t lift their leg up that high anymore, it’s actually quite nice to see them get out of the house because you’ve put them in a step. It’s nice to think you’re making a difference however small or big it may be.”*  
(Handyperson, CS10/S/1)

*“You know what it’s like today, times are hard, especially with the old people, they cannot afford to pay out silly money, they’ve just got a state pension and when you go and do something for them, they’re over the moon...”*  
(Handyperson, CS9/S/1)

*“It’s that little job, that you or I as an able bodied person – you know – wouldn’t think twice to do, somebody with a disability, limited mobility, just getting that little bit older, there’s more dangers there, it’s such a big thing to them, and it plays on their mind, and a small job can alleviate so much stress and anxiety for somebody..”* (Senior case worker, CS7/S/2)

Interviews with commissioners, service providers (including handypersons and case workers) also highlighted the preventive nature of handyperson services. A visit from a handyperson may be the first step in identifying a range of previously unrecognised and unmet needs, or - given the number of service users who use services more than once - a way of monitoring changing needs. Such needs may be related to the home environment, but also may go beyond what a handyperson service can provide, and in such cases the handyperson service can play a key role in signposting and assisting individuals to access additional help and support from other sources. Interviews with handypersons provided examples of individual service users who were at best cautious of any engagement with social care services, or had very little knowledge of the type of help that might be available to them. As one of the handypersons interviewed explained:

*“People think they [Social Services] are going to put them in a home. Or if they tell social services about their benefits, they might get them stopped. We are not seen in that light. One thing that helps is we don’t go in suits. We are not suits.”*  
(Handyperson, CS8/S/1).

Similarly some of the service users who were interviewed remarked that they would contact the service for information about where to go for assistance with a range of issues. The value of being perceived as a trusted first point of contact should not be overlooked.

## **2.4 PROMOTING THE SERVICE AND INFLUENCING LOCAL PARTNERS**

The case for continuing to support handyperson services will need to be made to local service commissioners, and other local partners. There is evidence that handyperson services generate modest cost savings. The Handypersons Financial Benefits Toolkit can be used to make this “value-for-money” case, and also be used as a planning tool to demonstrate how additional resources or targeting of services can generate more savings.

However, the “value-added” arguments for handyperson services also need to be made. Feedback from service users is essential to building a case for handyperson services. Satisfaction surveys can generate a picture of who is using the service, the quality of the service and the differences the services have made.<sup>27</sup> More in-depth portraits or examples of individual cases can also be built up from interviews and discussions with service users, and these can be powerful ways of adding human faces and experiences to numbers, illustrating how the less quantifiable aspects of the service are valued by service users, and the potential differences that services can make to individuals. Moreover such material can be used by service providers to reflect on service quality and areas for improvement and innovation. This in turn strengthens the argument for handyperson service being client focused.

While some agencies might be able to offer financial support for specific programmes or initiatives, there will be more organisations and professional groups who can lobby on behalf of handyperson services. Occupational therapists, hospital discharge teams, and community nurses are obvious working partners and are well placed not only to direct service users to handyperson services but also to make the case within their own organisations about the value of services. Local councillors are also in positions of influence, and the case for services needs to be made to them.

Older people’s groups and forums can also help promote the service to potential service users, and assist with service development. In one case study example, the local Older People’s Forum had decided on the level of charging for the handyperson service. In another case, the Chair of the Local Older People’s Forum sat on the management board of the handyperson service, and was able to be a powerful champion for the service.

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<sup>27</sup> For guidance on customer satisfaction see:  
[http://www-foundations.uk.com/pictures/content856/customer\\_satisfaction.pdf](http://www-foundations.uk.com/pictures/content856/customer_satisfaction.pdf)



## Section 3: How the DCLG Part A Handyperson Funding was used

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### Key Findings

- Spend on handyperson services increased through the duration of the programme;
- Across handyperson services there was:
  - Increased capacity;
  - An increase in the range of services provided;
  - To a lesser extent, new client groups served;
  - Employment of additional handyperson staff, subcontractors, and funding of service infrastructure such as administration.
- There was an increase in the number of clients supported;
- Services were mostly directed towards those who were older or had disabilities or long term conditions;
- The services delivered value for money: using the Handypersons Financial Benefits Toolkit, financial benefits outweighed costs by 13 per cent in addition to non-financial and unquantifiable benefits.

### 3.1 INTRODUCTION

This section of the report analyses the impact of the Part A element of the DCLG Handyperson Programme in the context of overall funding of handyperson services. It examines spending levels, use of funds, activities and clients supported. The evidence for these findings is drawn from the two surveys of local authorities and service providers which collected information about their use of Part A funding for handyperson services in 2009/10 and 2010/11. This evidence is supplemented by data from the service user survey.

One of the aims of the evaluation was to identify the value-for-money of the Handyperson Programme and enhanced pilots by exploring the costs of running the programme and additional net cost savings that could be generated from handyperson interventions. However, many<sup>28</sup> service providers had received various funding sources from their local authorities in a way that made it difficult for them to differentiate between the DCLG handyperson funding and other monies used to commission handyperson services at the local level. These service providers were unable to calculate how much Part A handyperson funding they had received and hence the direct activities associated with this funding. This was also the case with some local authorities who had combined the Part A handyperson

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<sup>28</sup> Of the 110 service providers responding to the first survey, 19 per cent were unable to separate out their Part A funding.

funding into a larger pot of money. The surveys collected data about the spend and activities associated with the Part A handyperson funding where possible; otherwise service providers submitted data about all their spend on, and activity associated with, handyperson services.

### 3.2 SPEND ON HANDYPERSON SERVICES

Average<sup>29</sup> spend on handyperson services for all local authorities appears to have increased slightly from 2009/10 to 2010/11 (Table 3.1). Over the two year period, the proportion of overall spend on handypersons accounted for by the DCLG funding rose.

**Table 3.1 Average spend on handyperson services by local authorities**

Average spend by local authorities from all sources (£)		Average spend using DCLG Part A funds (£)		Average spend using DCLG Part A fund as % of all spend	
2009/10	2010/11	2009/10	2010/11	2009/10	2010/11
£188,423	£191,824	£58,939	£95,275	31%	48%

Data source: First and second local authority surveys: first survey baseline 76 responses; second survey baseline 67 responses.

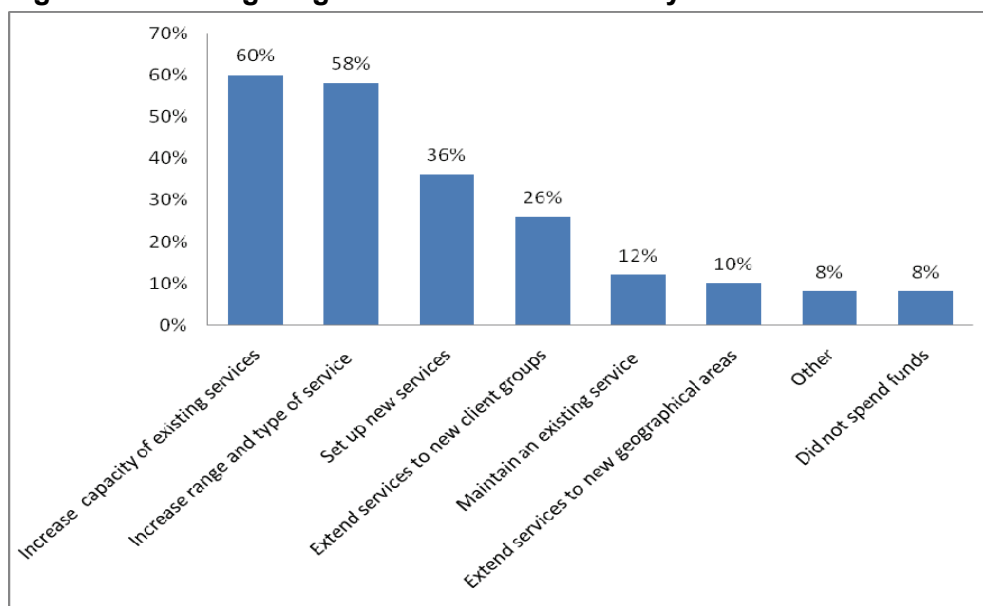
### 3.3 HANDYPERSON ACTIVITIES AND USE OF FUNDS

The majority of local authorities targeted the additional DCLG funds at increasing the capacity of existing services, or increasing the range and type of services offered, as shown in Figure 3.1. Nineteen per cent of county councils reported extending services to new geographical areas. Only 12 per cent of local authorities reported using the funding to replace existing funding sources.

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<sup>29</sup> The term average is used throughout this report and refers to the arithmetic mean unless otherwise indicated.

**Figure 3.1: Targeting of DCLG Part A funds by local authorities**



Data source: First survey to local authorities: baseline 76 responses. Respondents could give multiple responses.

Survey respondents were also invited to offer comments regarding increasing or extending service provision. Examples of these comments include:

*“Allowed us to offer the service to more people and promote this with a marketing campaign.”*

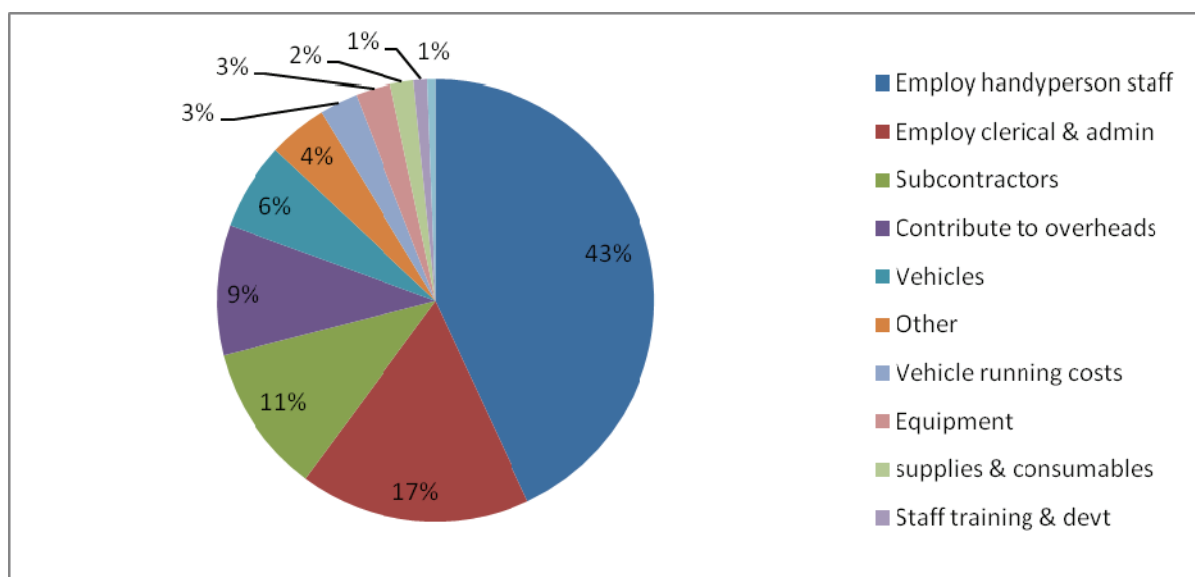
*“Increased number of handypersons to keep up with growing demand for related preventative services.”*

*“The capacity of the existing handyperson services was doubled with the additional funding and this was to a level that the provider felt would meet demand within the borough.”*

*“Operating in a large rural county, it has enabled us to expand the service to reach more people, more quickly – cutting down waiting times and improving the safety and quality of life to enable older people to remain living independently in their own homes and environment.”*

Figure 3.2 shows that overall, some 43 per cent of total spend was used to employ handyperson staff, with significant spend on infrastructure such as administrative and clerical staff and vehicles and tools. These figures are reinforced by explanations given about how services are changing, and their effectiveness is increasing, for example by introducing more flexible booking systems, or using front-line staff with whom a client can discuss their needs.

**Figure 3.2: Breakdown of total spend for Part A funds**



Data source: First service provider survey; baseline 111 responses.

Although spending on subcontractors accounts for 11 per cent of the total spend of Part A funds, survey responses also indicated that almost two thirds (59 per cent) of providers had used contractors for some jobs. Case study interviews indicated that provider organisations will often subcontract certain types of work that require more than basic handyperson skills (for example, a qualified electrician or gas fitter), and indeed some organisations only use subcontractors rather than employ in-house staff. Only two per cent in total has been spent on staff training and development and support for volunteers.

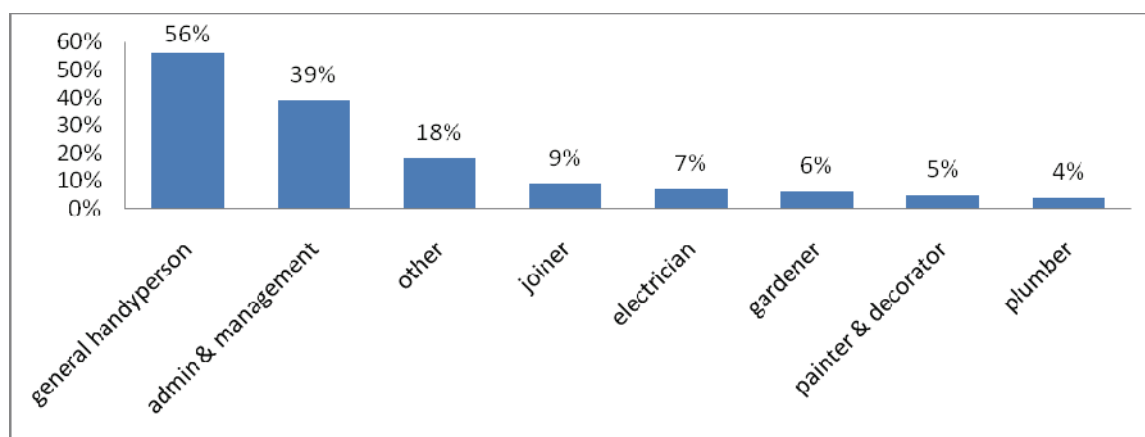
Eighty percent of service providers employed additional staff. The average number of new staff employed by these service providers was 2.5<sup>30</sup> (with a range from 1 - 6). Overall the average increase in staff hours worked was 100 per week<sup>31</sup>. Thus providers have not only increased staff numbers but have also expanded services through the increase in hours across existing staff.

Service providers were asked for information on what type of additional staff were employed and/or what type of staff had worked additional hours. Figure 3.3 shows that providers typically employed additional general handypersons, with almost 40 per cent employing additional administrative staff. Six per cent of respondents also indicated that they had not employed additional staff or funded additional hours.

<sup>30</sup> This figure is based on headcount, not whole time equivalents.

<sup>31</sup> This figure excludes two outliers.

**Figure 3.3 Categories of additional staff employed**



Data source: First service provider survey: baseline 111 responses. Respondents could give multiple responses.

Thirteen per cent of service providers indicated that volunteers were supported using the Part A Handyperson Programme funding, with the number of volunteers varying from 0.5 to 20 and only seven per cent of respondents told us that volunteers were trained using Part A funding, with numbers ranging from 1 to 17. These findings accord with the case studies interviews that the use of volunteers in the delivery of handyperson services is not well established. The primary reasons for not using volunteers was the time taken to recruit, train, and obtain CRB checks for individuals who may then not continue to be active volunteers for very long. Some providers felt it was something they would consider in the future if funding for services was constrained.

### 3.4 CLIENTS

Table 3.2 shows that the average number of clients per provider receiving handyperson services has increased over the period of the evaluation (from 2009/10 to 2010/11) suggesting that the Handyperson Programme has had a positive impact on the number of clients that have been supported by a handyperson service.

**Table 3.2: Number of clients visited**

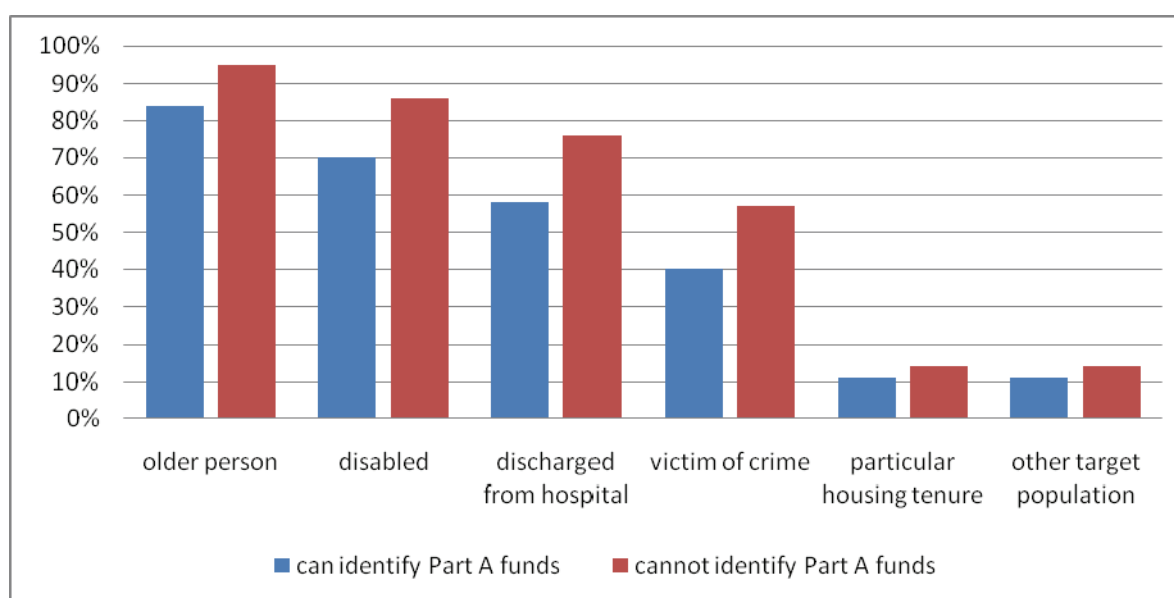
Year	Number of clients (average & range)	
	Service providers able to identify DCLG Part A funding	Service providers not able to identify DCLG Part A funding from total funding
2008/09	N/A	789 (122 – 2385)
2009/10	445 (29 - 2225)	1106 (244 – 2691)
2010/11	774 (38 – 3750)	1302 (248 – 6003)

Data source: First and second service provider surveys: first survey baseline 111 responses; second survey baseline 63 responses.

Figure 3.4 shows the client groups to which Handyperson Programme funding was directed. It can be seen that funding was mostly directed to older people and those who are disabled.

Unsurprisingly, those who could not separate Handyperson Programme funding from the total funding that came into their organisation from a range of sources appear to direct their funding to a wider range of groups. As their funding has come from a wider range of sources (not just the Handyperson Programme) it seems highly likely that other funding has been given for specific purposes (for example hospital discharge programmes) or to support a wider range of client groups, (for example, younger people with disabilities including families with disabled children, victims of crime and domestic violence).

**Figure 3.4: Client groups to which handyperson programme funding was directed**



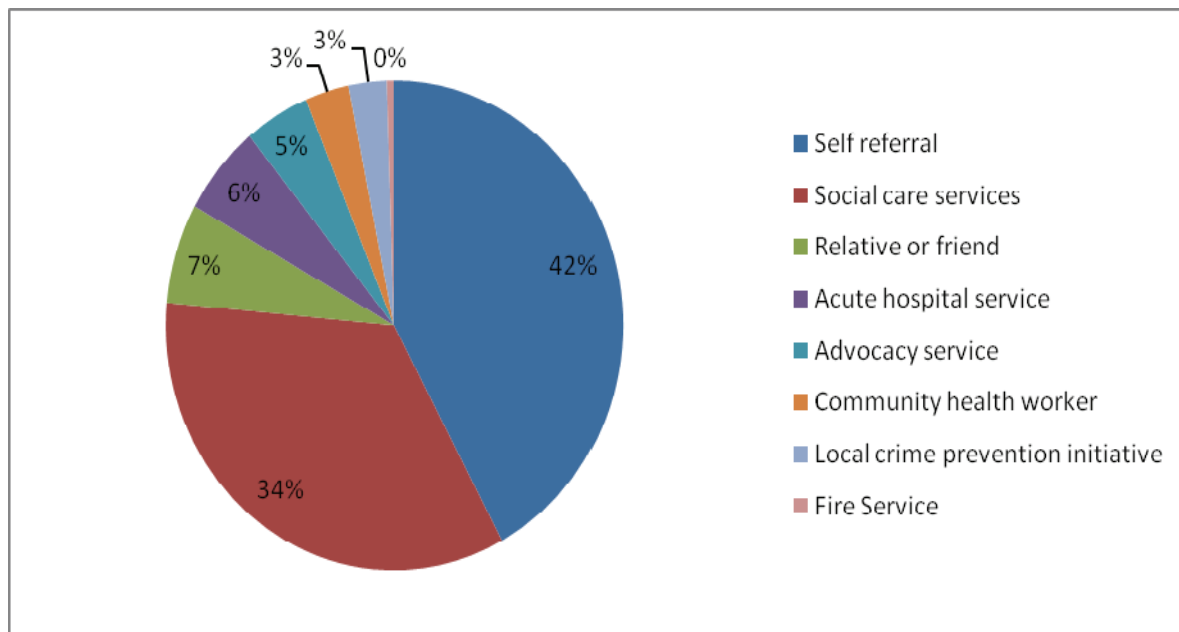
Data source: First service provider survey; baseline 111 responses. Respondents could give multiple responses.

### Sources of Referrals

Figure 3.5 shows the total percentage of referrals to service providers by source indicating that self referral and social care services together accounted for more than three-quarters of all referrals. Small numbers of less than 10 per cent came from the other sources including hospitals, a relative or friend, and advocacy services. The relatively low use of referrals by acute hospital services may indicate a lack of knowledge about handyperson services or alternative models of care for these groups of people such as by discharge management teams provided by local community health services, re-ablement or intermediate care services.

Examples of other referral sources given by respondents were housing associations, local traders, community organisations, such as the Affordable Warmth Unit, signposting schemes, occupational therapy, local councillors and telecare schemes. Several service providers indicated that referrals (possibly self referrals) came via leaflet drops or advertising in the press (see Section 4 below).

**Figure 3.5: Sources of referrals**



Data source: First service provider survey; baseline 111 responses.

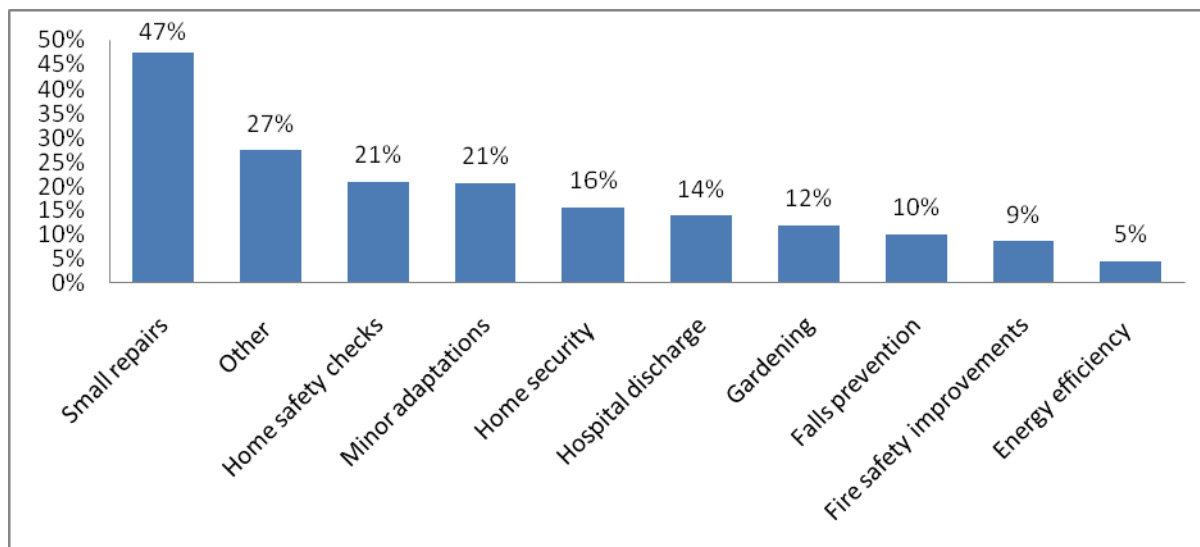
### 3.5 HANDYPERSON ACTIVITIES

Drawing on the responses to the first provider survey, Figure 3.6 shows the proportion of service providers offering particular types of work and services. This analysis indicates that small repairs and minor adaptations are the main activities offered by handyperson services, in keeping with the philosophy of '*Small Things Matter*<sup>32</sup>'. Home security and safety improvements and checks also account for around one-fifth of activities, whilst falls prevention only accounts for one-tenth of handyperson activity (although much of the preventive work including minor adaptations may also prevent falls).

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<sup>32</sup> Care and Repair (2006). *Small things matter: the key role of handyperson services*. From [www.careandrepair-england.org.uk/handyperson](http://www.careandrepair-england.org.uk/handyperson)

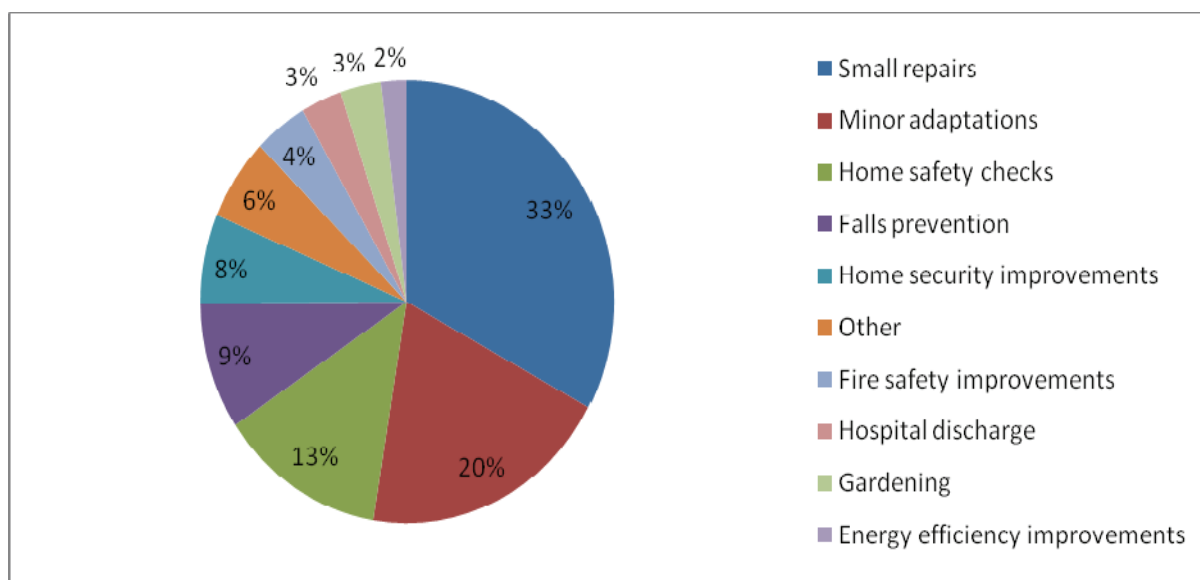
**Figure 3.6: Percentage of providers by handyperson activities**



Data source: First service provider survey; baseline 111 responses. Respondents could give multiple responses.

Service providers were also asked what proportion of their clients received particular types of handyperson services. Figure 3.7 shows what proportion of service users received different types of services.

**Figure 3.7: Percentage of service users receiving different types of handyperson activity**



Data source: First service provider survey: baseline 111 responses.



### 3.6 COSTS AND BENEFITS OF HANDYPERSON SERVICES

Table 3.3 brings together information on spend from the two surveys of service providers, with data on the number of clients visited to give an estimated cost per client across both years. It must be noted that the analysis is of cost per client, not cost per visit. Other data sources, including the service user survey indicate that most clients receive more than a single visit, and many receive multiple visits, therefore the cost per client will be higher than cost per visit.

**Table 3.3: Average cost per client**

Service provider	Can identify DCLG Part A funding		Cannot identify DCLG Part A funding	
	2009/10	2010/11	2009/10	2010/11
Average spend	£35,234	£52,085	£103,176	£187,416
Average no clients	445	774	1106	1302
Average cost per client	£79.18	£67.29	£93.29	£143.94

Data source: First and second service providers surveys: first survey baseline 111 responses; second survey baseline 63 responses.

The average cost per client for those service providers that can identify their Part A funding was £79 in the first year, decreasing to £67 in the second (possibly as a result of having fully established their service and achieving full capacity and efficiency). These average costs per client visited are not significantly greater than costs revealed in other surveys undertaken by, for example, Foundations, the national body for home improvement agencies in England<sup>33</sup>. The costs reported above are also unlikely to include overheads (excepting some infrastructure costs specifically funded by these monies) as the Part A funding was mostly used to extend services rather than establish new services, and many overhead costs such as capital and management costs have already been met, although service providers have also spent funding on vehicles, equipment and some training. Thus whilst there may be increasing economies of scale in management and administration, the Part A funds have mostly funded front-line staff and the delivery of handyperson services to clients.

However, the cost per client for those that cannot identify their DCLG handyperson funding has risen from £93 to £144 per client between 2009/10 to 2010/11. It could be that these costs are *full absorption* costs (in other words include some or all overheads). It is also possible that these handyperson services cover a wider range of services and client types, including many clients with complex needs, providers offering a wider range of services, or more time-consuming and more costly services. The data on variance in the number of clients served suggests this is the case, with some service providers supporting a small number of clients with complex needs, whilst others supported a larger number of older people with relatively simple requirements.

<sup>33</sup> DCLG and Foundations (2009). The Future Home Improvement Agency: handyperson services report. (February). From <http://www.communities.gov.uk/publications/housing/hiahandypersonservices>.

The benefits achieved by the Part A element of the Handyperson Programme funding can also be assessed by running the data collected during the evaluation through the Handypersons Financial Benefit Toolkit<sup>34</sup>. This Toolkit enables commissioners and providers to identify and quantify the benefits from handyperson services and to develop business cases for local services. The Toolkit requires data on number of clients, the activities received by the clients, the average number of visits received by those clients and the costs of the service. Default options are built into the toolkit which can be used if the data are not available. The model can also be run many times with different data to investigate the impact of changes in, for example, number of clients, number of visits received by client, costs of services and activities delivered to clients<sup>35</sup>. Below are the results of running the model under different assumptions using data from this evaluation.

Core data on clients and costs, as shown in Table 3.4 below, indicates that for those service providers able to identify the impact of Part A funding, the average number of clients seen was 774 and the cost was £52,085. Data on handyperson activities collected during the evaluation does not directly map onto handyperson activities identified in the Benefit Toolkit. Therefore, in order to run the data collected during the evaluation through the Toolkit, the evaluation activities were mapped onto the Toolkit activities as shown in Table 3.4.

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<sup>34</sup> Available from <http://www.communities.gov.uk/publications/housing/financialbenefitstoolkit>.

<sup>35</sup> To note the Toolkit does not take account of charging service users i.e. the total value of services levered by public subsidy is not included in the modelling.

**Table 3.4: Average number of clients by handyperson activity recalculated for Handypersons Financial Benefit Toolkit**

Original Activities	Evidence in Model		Activities as per Handyperson FB Toolkit	Re-calculated for Model	
	Average % of total clients	No of clients		Average % of total clients	No of clients
Small repairs	32.9%	255	Small repairs (including falls prevention)	38.8%	300
Home security improvements	6.5%	50	Home security and home safety checks	19.5%	151
Minor adaptations	19.7%	153	Minor adaptations (including falls prevention)	23.3%	180
Hospital discharge	3.2%	25	Hospital discharge	3.2%	25
Energy efficiency improvements	2.0%	15	Energy efficiency improvements	2.0%	15
Gardening	3.2%	25			
Fire safety improvements	4.2%	33	Fire safety improvements	4.2%	33
Home safety checks	13.0%	101			
Falls prevention	9.3%	72			
Other	5.8%	45	Other (including gardening)	9.0%	70
<b>Total</b>	<b>100.0%</b>	<b>774</b>	<b>Total</b>	<b>100.0%</b>	<b>774</b>

The underlying assumption in the Toolkit is that each client receives 1.1 visits, based on national data. The service provider survey data indicates that an additional 2.5 full time staff members were employed with Part A funds, of which around 60 per cent are frontline (in other words, not administrative and clerical). Assuming that each handyperson can achieve four visits a day for 200 days per annum, then these additional staff members will contribute 1,200 visits. In other words, each client will receive 1.55 visits.

Using the above evaluation data on clients, activities, visits and costs, the resulting financial benefits are shown in Table 3.5 and the cost benefit equation is shown in Table 3.6. These results indicate that using the data collected during the evaluation to change the assumptions in the Toolkit on clients, activities, visits, and costs, the benefits achieved outweigh the cost of providing the Handyperson Programme by 13 per cent.

It is important to note that there are some outcomes (i.e. 'reducing death from fires') where either it is classed as an uncoded benefit, or that it is not practical to do so. For example it is not possible to quantify a financial benefit from the reduction of deaths or injuries from fires as it is such a rare occurrence that it is difficult to quantify the risk reduction. It is equally important to recognise, however, that even if it is not possible to place a financial value on a benefit, that benefit may - and often is - still worth achieving, for example, service user satisfaction.

**Table 3.5: Financial benefits achieved**

Financial benefits	Number	Units (per annum)	Total benefits
Reduced falls	27	Falls prevented	£33,129
Improved or maintained independent living – sheltered	3	People prevented moving into sheltered accommodation	£20,886
Reduced use of social services	2	People prevented using social services	£2,028
Reduced fuel poverty	28	People with reduced bills	£2,912
		Total	£58,955

**Table 3.6: Financial benefit equation**

Budget	Cost	Gross benefit	Net benefit (+/- %)	Ratio (£)
<b>Total</b>	<b>£52,085</b>	<b>£58,955</b>	<b>+13%</b>	<b>1: 132</b>

Table 3.7 shows the budgets to which, according to the Toolkit, the benefits accrue, showing that the Social Services budget is the greatest beneficiary.

**Table 3.7: Budgets to which benefits accrue**

<b>Financial benefits</b>	<b>Health</b>	<b>Social services</b>	<b>Individual</b>	<b>Total benefits</b>
Reduced falls	£19,546	£13,583	-	£33,129
Improved or maintained independent living – sheltered		£20,886	-	£20,886
Reduced use of social services		£2,028		£2,028
Reduced fuel poverty			£2,912	£2,912
<b>Total</b>	<b>£19,546</b>	<b>£36,497</b>	<b>£2,912</b>	<b>£58,955</b>

It must be noted that the outputs from the Handyperson Financial Benefits Toolkit are highly sensitive to changes in the assumptions. A conservative approach was used in relation to the evidence base and working assumptions used in the Toolkit. For example, there are a number of studies that demonstrate the effectiveness of various small repairs in preventing falls, ranging from a reduction of 32 per cent to 66 per cent. The Toolkit uses the lower of these figures to calculate how many fewer falls should result from this type of intervention. But if the impact of the falls prevention activities, rather than just being included in small repairs and minor adaptations, were given a higher weighting in the Toolkit, so that the reduction in incidence of falls was increased from 32 per cent to 40 per cent for the 10 per cent of people at risk from falls, then the gross benefits would be increased to £66,317 (outweighing costs by 27 per cent), assuming the number of visits were 1.55 per client.

The above analysis used the Handypersons Financial Benefits Toolkit to demonstrate retrospectively that the impact of the Part A element of DCLG Handyperson Programme funding and associated activity has been cost beneficial. It has also demonstrated that under the assumptions arising from the evaluation findings, the benefits from the Part A funding of the handyperson services outweigh the costs.

It is to be noted that an equally valuable approach to using the Financial Benefits Toolkit is for the prospective planning of services. Service providers and commissioners can input to the Toolkit a range of ‘test’ data on service costs, expected client numbers and activities, and test under what assumptions the benefits from delivering the services outweigh the costs and to whom these benefits will accrue (for example health or social services or to the client). The findings from the evaluation however indicate that value-for-money is more likely to be achieved if services are targeted at those areas where financial benefits can be achieved such as falls prevention and hospital discharge; and where a significant proportion (for example, at least 60 per cent) of any new funding is directed to frontline staff who deliver an efficient service, equating to at least 20 visits per week per full-time handyperson.

Demonstrating the financial benefits for more complex services, where greater time is spent with a smaller number of clients, or services targeted to a more complex client group, may be more difficult to achieve using the Toolkit. It is difficult to put a monetary value on the benefit of these activities, however this does not mean that there is no significant benefit to the service recipient (or to other services).

In demonstrating the benefits of handyperson services to commissioners, providers should be able to demonstrate the financial benefits (probably accruing to several budgets). However, as discussed earlier, the non-financial and unquantifiable benefits should not be omitted from this demonstration. For example, handyperson services should fit strategically with local objectives, such as the desire for older people to have choice, independence and control of their lives, ideally by staying in their own homes. They may also fit with the agendas and services being examined by the new joint health and well being boards. Handyperson services deliver a relatively high volume of activity at a relative low cost, and hence fit the philosophy of *Small Things Matter*.

## Section 4: Meeting the Needs of Service Users

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### Key Findings

- Handyperson service users are predominantly older women with health problems or disabilities, living alone on low or modest incomes in older properties. However a significant number of service users live with and care for their spouse or partner;
- Both the service user survey and interviews showed very high levels of satisfaction with all aspects of handyperson services;
- Services support service users' independence, their ability to carry out activities of daily living (and caring), and enhance their feelings of security and comfort in their homes. Crucially these services allow service users to feel in control of their home environments;
- Although affordability is important, service users value a number of different aspects of handyperson services that provide "added value": trustworthiness; reliability; knowing there is help available; and the respectful and helpful attitudes of staff;
- Although many service users are on low incomes, some service users would be prepared to contribute something towards the costs of services; their primary concern is that services continue;
- Service users value services that are provided or endorsed by organisations they know they can trust.

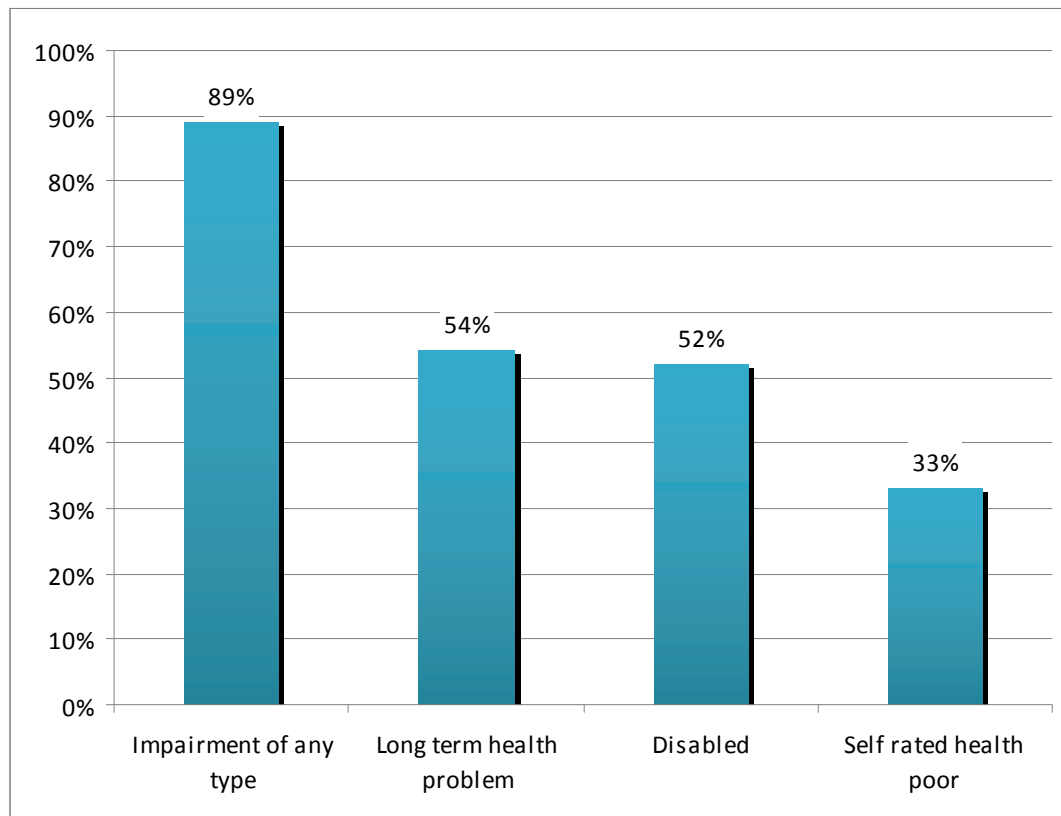
### 4.1 INTRODUCTION

A main focus of the evaluation was to identify how handyperson services met service users' needs, and to gauge service users' views about the ways in which services made a difference to them. A telephone survey of 173 service users recruited from 12 different handyperson services across England was conducted. In addition a further 26 in-depth interviews were undertaken. Survey questions addressed finding out about services, the types of work undertaken, service users' satisfaction with the work and the difference it had made to them. The interviews addressed these same questions but also explored in more depth what it was about services that service users most valued. In this section the views of service users on key topics are reported including: how service users found out about services, the reasons why handyperson services are valued, and the differences that services made.

## 4.2 PROFILE OF SERVICE USER SURVEY RESPONDENTS AND INTERVIEWEES

The majority of services users who took part in the telephone survey were aged 65 or above (79 per cent). Sixty six per cent lived alone and 24 per cent lived with their spouse or partner. Seventy five per cent were women. Figure 4.1 shows the health profile of survey respondents. Figures 4.2 to 4.4 show that the majority of respondents were homeowners living in properties that were more than 50 years old.

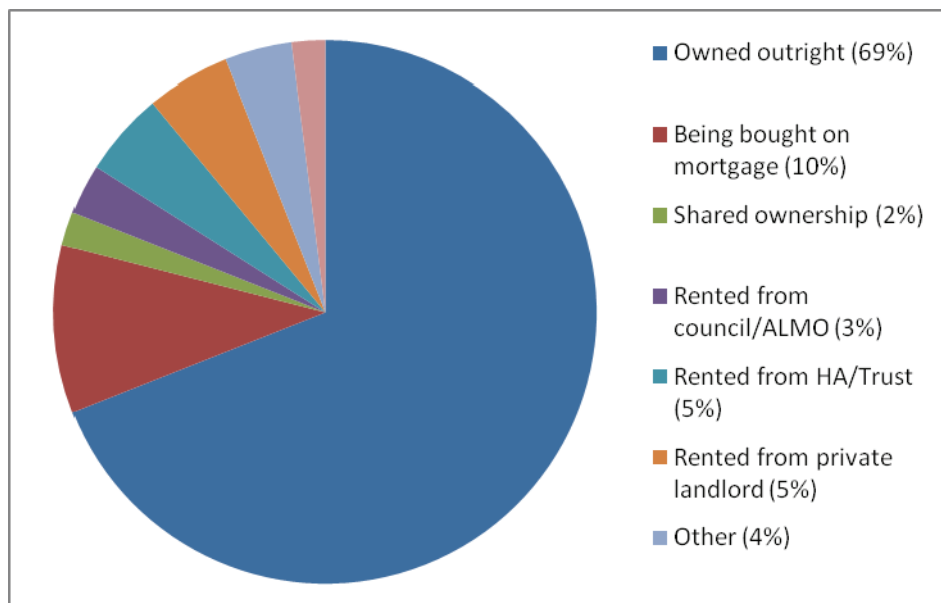
**Figure 4.1: Health profile of service user survey respondents**



Source: Service user survey, baseline 173 respondents

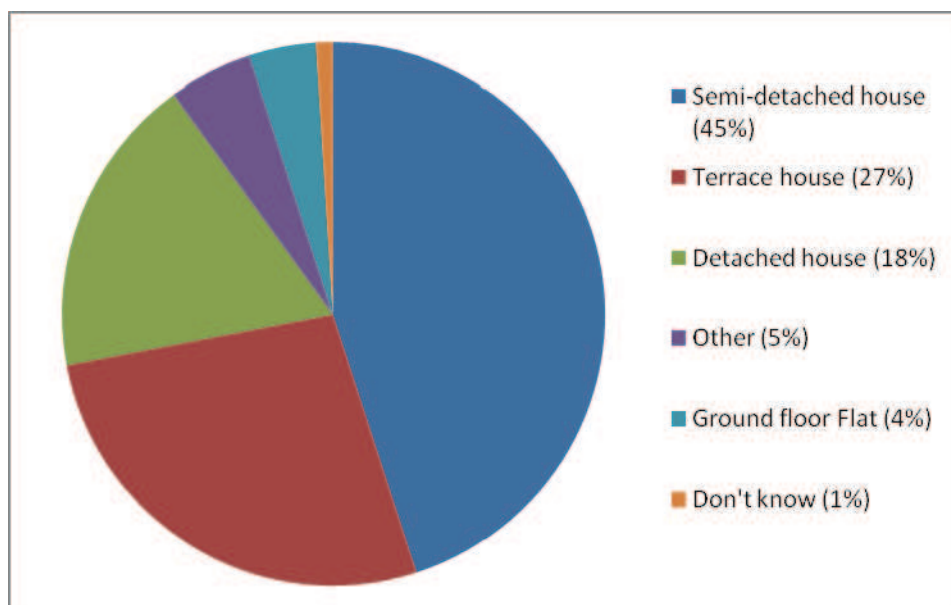


**Figure 4.2: Housing tenure of service user survey respondents**



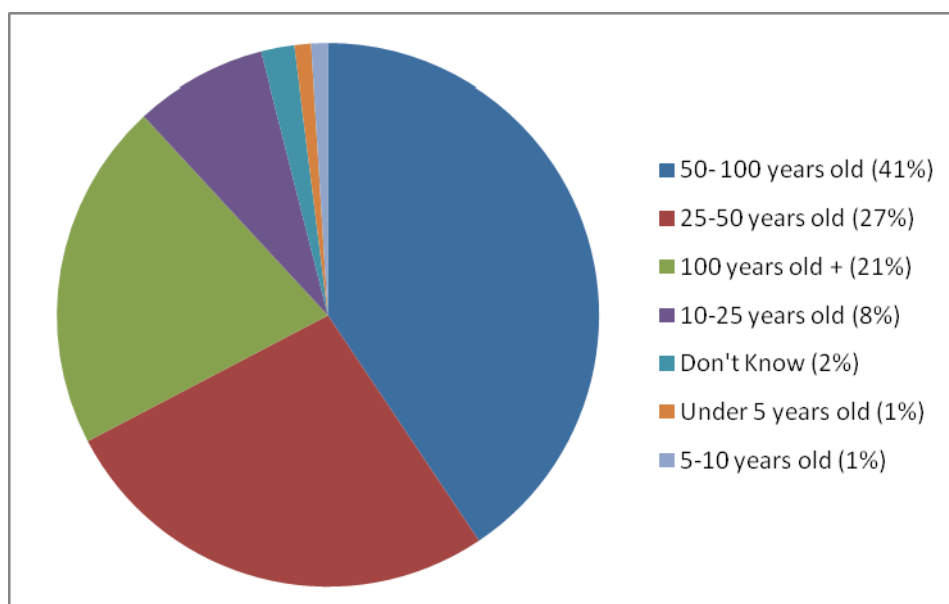
Source: Service user survey, baseline 173 respondents

**Figure 4.3: Type of property occupied by service user survey respondents**



Source: Service user survey, baseline 173 respondents

**Figure 4.4: Age of properties occupied by service user survey respondents**



Source: Service user survey, baseline 173 respondents

Service users were also asked about their average monthly income which varied across respondents (18 per cent of respondents preferred not to disclose their income):

- 7 per cent had a monthly income of less than £250;
- 61 per cent had a monthly income of between £250 and £1000;
- 11 per cent had a monthly income of between £1000, and £1,500;
- 3 per cent had a monthly income of more than £1,500.

Nineteen of the service users who were interviewed as part of the evaluation lived alone, and 7 lived with their spouse. Their ages ranged from 64 to 91. Most lived in properties they owned, and most had been living in their properties for many years.

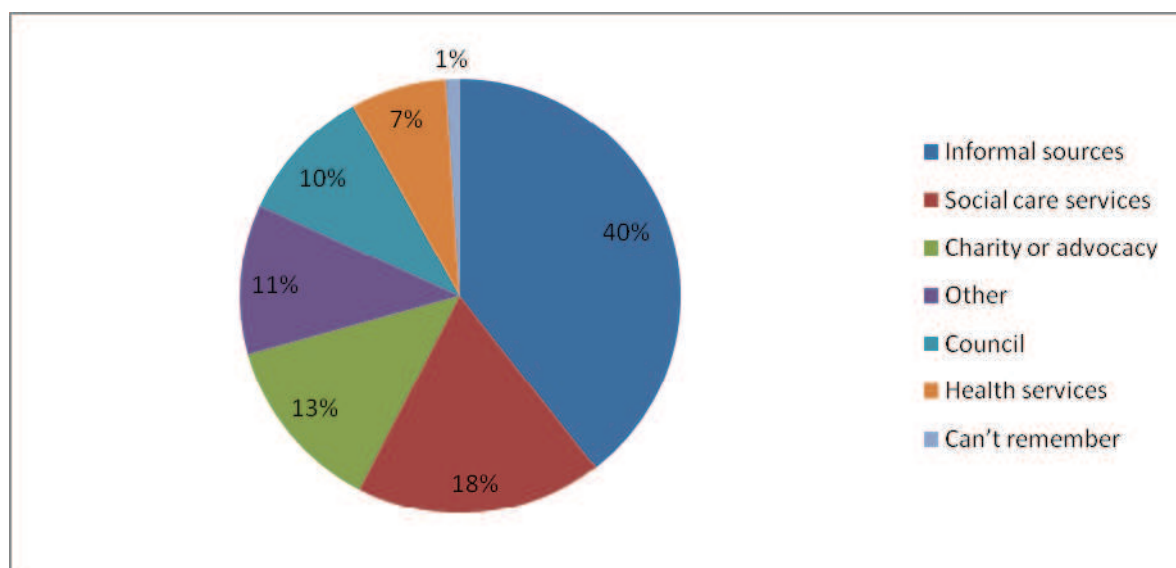
### **4.3 FINDING OUT ABOUT HANDYPERSON SERVICES**

Word of mouth was the most common way of finding out about handyperson services for both survey respondents and the service users who were interviewed.

Figure 4.5 shows the different ways that respondents to the service user survey had found out about handypersons services. Informal sources indicate family, friends and neighbours, leading to a self referral. Other sources of information included: social care services, advocacy services such as Age UK, and other routes, which included people seeing a handyperson van and enquiring about the service. Small numbers of respondents appeared to come through a health services route, which may be of concern, given the evidence for

the beneficial impact of handyperson services to support hospital discharges and falls prevention.<sup>36</sup>

**Figure 4.5: How service users found out about handyperson services**



Source: Service user survey, baseline 173 respondents

At interview a number of individuals said they had received written information about the service (such as leaflets through the door) but had not made contact with handyperson services, for the most part because they were suspicious of unsolicited information, and in some cases very suspicious of anything that was offered free of charge. A recommendation from a trusted person – family, friend or professional – or someone who had used the service was more likely to prompt a potential service user to get in touch. In some instances, respondents thought handyperson services would only be available to people who were very ill or disabled, and were surprised to find out that they could have small jobs done that were not urgent or did not relate to a disability or impairment.

Ninety-seven per cent of survey respondents said they would be “very likely or certain” to recommend the service to a friend or others. All the service users who were interviewed said they would recommend others to use a handyperson service, and indeed many had already encouraged their friends to do so or to find out if something similar was available where they lived. This suggests that service users themselves play an important role in informally promoting the service to others.

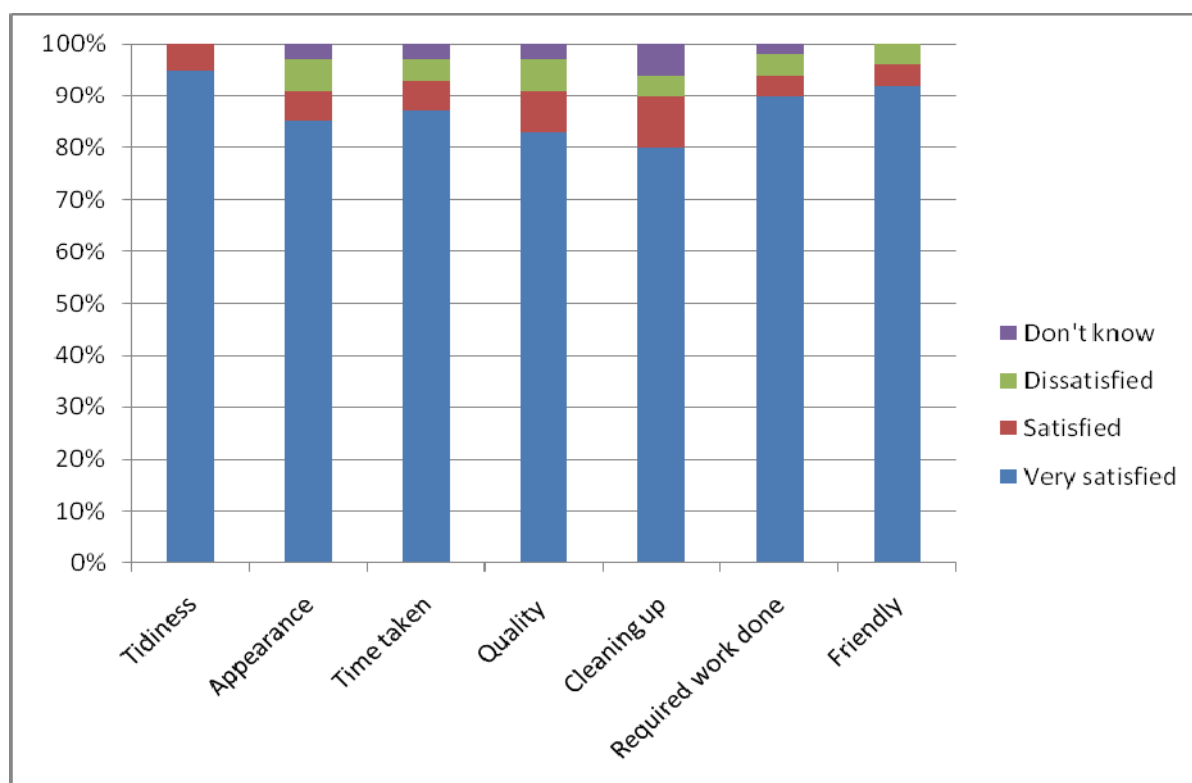
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<sup>36</sup> See for example the evidence in the DCLG Financial Benefits Model. Communities and Local Government. Research into the Financial Benefits of the Supporting People Programme, 2009. July 2009. <http://www.communities.gov.uk/documents/housing/pdf/1274439>

## 4.4 WHAT DO SERVICE USERS VALUE?

The survey results also showed very high levels of satisfaction among survey respondents. When asked to rate levels of satisfaction with services received on a scale of 1 to 10, 97 per cent of survey respondents gave a score of between 7 and 10 where 10 is “completely satisfied” (and 74 per cent of respondents gave a score of 10). Figure 4.6 shows the percentage of survey respondents who, when asked about different aspects of the work carried out, said they were “very satisfied”, “satisfied” or “dissatisfied”.

**Figure 4.6: Levels of satisfaction with different aspects of handyperson services**



Source: Service user survey, baseline 173 respondents

Without exception those interviewed spoke very highly of the services they had received. The interviews showed that a “good job done” was not, however, the only thing that service users valued. The most important aspect of the service for many was that the service was trustworthy. In the first instance, the reputation of the organisation or endorsement from a well-known and trusted organisation was important. Service users said they trusted something that was provided by a non-profit making agency, or linked or endorsed in some way to a non-profit making organisation such as the local authority, or Age UK. They valued knowing that the handypersons had been “checked” and were “honest Joes”, that (when charges were made) the costs quoted were the cost charged, receipts were given for materials used, and there were no sudden surprises when the bill came; and that the handypersons would do what they said, neither leaving things half finished, or suggesting more work that was not necessary.

*“My daughters won’t let me use tradesmen out of the papers, it has to be someone we know, we are very vulnerable, and there are too many cowboys around so having someone you knew was really solid was really very helpful...it’s nice to have someone I can allow into the house and not worry about – you don’t know who you can trust, they rip you off. I don’t trust anyone anymore.” (Service User, CS2/1)*

*“The men were very competent, they rang in advance of coming and said when they were coming, that is always nice to know because you can get quite agitated waiting for someone to call, looking out of the window going “Where are they?” They were quite insistent when then came they were working to [name of service] orders, so it was clear what they were going to do, they were very professional and treated me the way I’d treat people when I was in business.” (Service User, CS3/1)*

The service user survey results support these accounts:

- 91 per cent of respondents rated the handyperson who had visited their home as “very trustworthy”;
- 90 per cent reported that the handyperson had done what was required;
- 88 per cent were very satisfied that the handyperson had undertaken the work they said they would.

In addition, the reliability of the service was important – being told when the handyperson was going to come, appointments being kept as arranged, and notification if the handyperson was going to be late. The service user survey results indicated that 72 per cent of respondents had the work completed within two weeks of contacting the service and 87 per cent of respondents thought the time they had waited was “reasonable”.

The results of the service user survey showed that 90 per cent of survey respondents rated the person who had most recently visited their home as “very polite”, and 92 per cent were “very satisfied” with the friendliness of the handyperson. At interview the polite and respectful attitude of the handypersons carrying out the work was often commented on, and was a valued aspect of the service. Service users appreciated that the handypersons were patient and took time to explain different options or made suggestions as to what might help them. Mrs M remarked on the sensitivity of the handypersons who had quietly stopped what they were doing and gone to wait in their van when the home care team arrived to see her husband. Mrs B had various work carried out in her terraced house at different times.

*“It was all excellent. I can’t praise it enough – the workmen, the plumber – he was such a nice man, and the ladies, they were so nice and polite. I let them make their own tea, but I put biscuits out for them and before they left they made a point of thanking me for the tea and the biscuits, so that made me feel good that they knew I appreciated what they had done.” (Service User, CS4/1)*

At interview service users also spoke very highly of the “office staff”. For many the first point of contact was a phone call, and the patience and courteousness of the staff who dealt with their first enquiry and arranged for the handyperson to call, or in some cases did an initial visit, were also greatly valued. For many this was an essential part of the service. Some people said if they needed something they would call the handyperson service even when they knew it was not something the service could do, simply because they liked and trusted the staff and felt they would be able to direct them to the appropriate agency or service.

*“The lady who actually mans the phone, makes the appointment is really primed and sensitive, and she’ll tell you who is coming out, and what sort of time they’ll be there, very helpful, very approachable...these things do matter.”* (Service User, CS5/1)

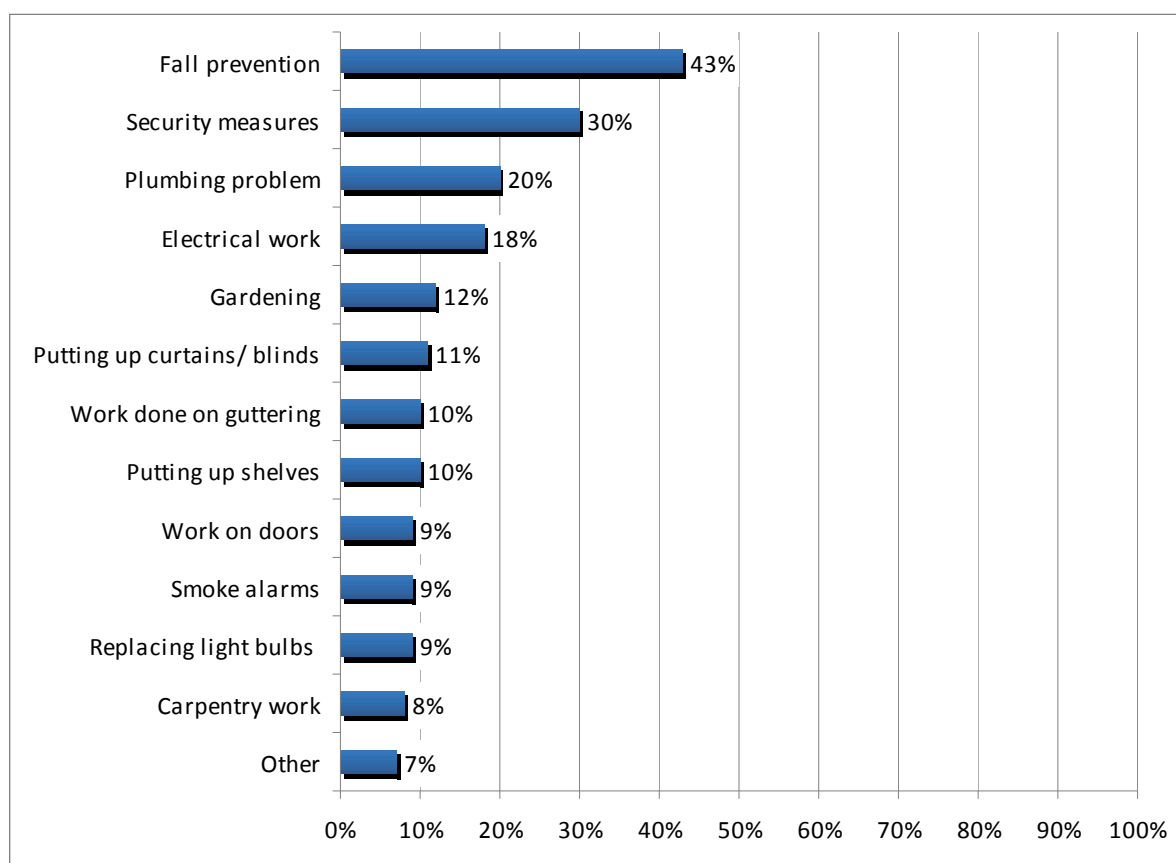
*“They were all fantastic. They would ring you before they make the appointment with you...the joiners rang me to ask if they could come that day because they had one job cancelled.”* (Service User, CS2/2)

The flexibility of the service was also highly valued. At interview service users reported having a wide range of jobs undertaken, usually things they had asked for themselves, but also jobs that the handyperson service had suggested to them. Almost all those interviewed had used their local service more than once, as and when they needed different things to be done.

*“It’s not just the jobs they do, it’s the variety that they do, you can ask them to do anything....we’ve got somewhere to go for all those little jobs that no one else is interested in.”* (Service User, CS5/1)

Again survey results support these accounts. Figure 4.7 shows the different types of work that survey respondents had carried out. In addition, 63 per cent of survey respondents said that the work carried out was what they requested; and 17 per cent said they had requested a particular job and also had additional work suggested to them. At interview, service users explained that during the visit the handyperson had sometimes done more than the job they had requested, for example, checked appliances, offered to fit a smoke alarm or a new lock. In one case, the handyperson had suggested that the client should enquire about assistance with fitting a downstairs shower, which they did, and they were able to have a shower installed at no charge. Seventy-five per cent of survey respondents had used the service more than once.

**Figure 4.7: Type of work carried out for service user survey respondents**



Source: Service user survey, baseline 173 respondents

At interview people said they valued knowing there was a service that would take on small jobs which previously they or their partner would have done, but could no longer tackle. Many said it was not always easy to find tradesmen to take on small jobs, even when they came recommended. Being able to have small works undertaken also made service users feel that they were “keeping on top of things”.

*“It’s the fact that there’s somebody, you know it’s safe. You don’t know where to go when you’re on your own to get people to do these little jobs for you that you can trust, just like having the handyman to do the odd jobs, you know, it’s a life saver. It’s really, really difficult when you’re on your own. People come round and look at you and think, oh, we’ll get some money here, and then you get stressed and confused and you don’t know what to do.”*

(Service User, CS5/1)

Simply knowing there was a service that they could call if they were in difficulties was also a great bonus. Mrs L, an 85 year old widow living alone, explained how in the bad weather of the previous winter her front door had become completely jammed and she could not get out of the house. She rang the handyperson service, and someone came that same morning.

*“I was so upset, I was stuck in my house, I thought what on earth can I do? I tried spraying oil on it and all sorts, but I could not pull it open so I thought I’ll ring [the*

service], and they were so nice, they said we'll have someone out to you as soon as we can and they sent a young man who forced his way in and he said, 'My goodness me, I would have had a fright if I couldn't have got out of my house'. And he said, 'You were frightened, weren't you?', and I said I was. Anyway, he took it off its hinges, shaved the door and hung it back again, it was a lovely job they did for me." (Service User, CS4/4)

The interviews showed that the handyperson service was particularly valued by people who were either caring or being cared for by their partner. Small jobs could make caring easier which was reassuring and beneficial for both partners.

*Mr and Mrs A, both in their eighties, first found out about their local handyperson service when Mr A was discharged from hospital. Mr A had been in hospital for several months and was only allowed to return home if his bed was moved downstairs and grab rails fitted in various places in the house. These jobs were organised by the physiotherapist at the hospital and carried out by the handyperson service. Mr and Mrs A were so pleased with the work and the attitude of the handyman, who explained about the service and what it offered, they consequently had a number of small jobs done for them. These included: fitting an extractor fan to the downstairs toilet; reorganising a utility room to facilitate the installation of a dish washer (to make life easier for Mrs A), changing light fittings including a failing fluorescent strip light in the kitchen, and gardening work. Mr A explained how he would have needed a number of different tradesmen to do the various jobs and had tried to get work done, however tradesmen were often reluctant to do small jobs, or said they would come and did not, or that another tradesman was required. They were delighted with the service. (CS3/1)*

#### **4.5 DIFFERENCES MADE TO THE SERVICE USER**

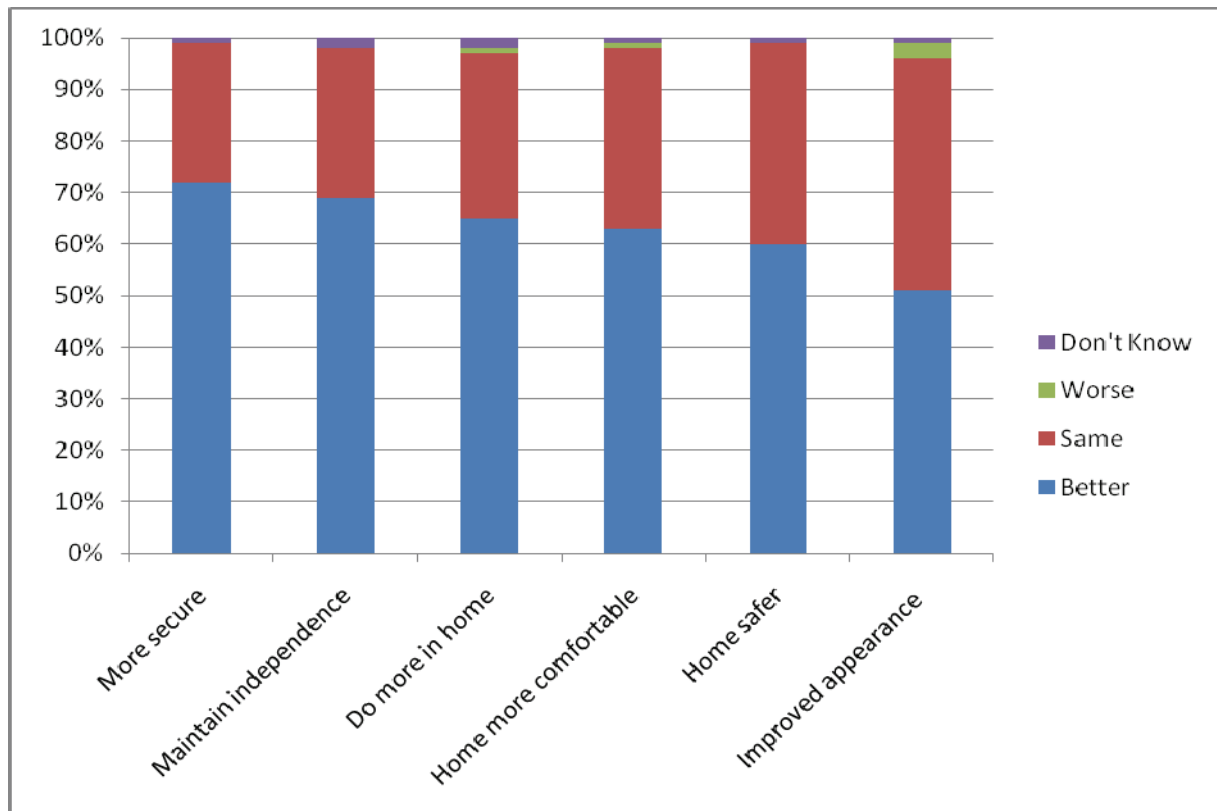
When asked what difference the service had made, interview respondents reflected on the type of work they had done. Simple tasks, for example, fitting a window blind or installing shelves, did not make a huge difference in terms of feeling safer or more able to carry out every day activities. However people were pleased that their homes were more under their control, or simply looked nicer, and that a backlog of small repairs was not building up until they became unmanageable. Clearly work that had enabled people to come home from hospital was very important – people spoke about how vulnerable they had felt when they were ill, and what a difference it had made not just to have aids and adaptations installed, but also knowing that there was a reliable, responsive, trustworthy service that you could call on at a difficult time. Other types of work around energy efficiency, security and so forth, clearly made people feel warmer and safer in their homes and therefore had more of an impact on day-to-day life.

*"But the handrail that the man put up is still very handy because when you walk into the shower there is something to hang on to when you turn – I mean I am a lot better than I was, but it is much safer". (Service User, CS2/3)*



The survey also asked respondents questions about the difference the work had made. Figure 4.8 shows these responses. Where respondents reported that the work had made their home “worse”, this appears to be mainly related to the effect on the appearance of their home.

**Figure 4.8: Difference made by the work carried out by handyperson service**



Source: Service user survey, baseline 173 respondents

## 4.6 OTHER ALTERNATIVES

When asked what they would have done if there had not been a handyperson service to help them, many of those interviewed said they simply did not know who they would have asked for help. Some of those interviewed had families, but did not always like to ask them for assistance especially if they lived far away or were working. This in part was because they did not want to be bothering their families by asking for help with small jobs, but also because they did not want their families to think they were not coping. One of the handypersons interviewed as part of case study element of the evaluation noted that one client usually booked in some jobs when her family were due to visit, so when they arrived they could see the house was in good order and that she was managing. Other service users we spoke to had few - if any - people they could call on. As noted above, many did not know where to find a tradesman to take on small jobs, and were in any case cautious about having people in their homes that they did not know.

*“It is difficult to find reliable workers who want to take on small jobs – if they are good, they tend to be busy. No doubt we’d have found somebody, somewhere, but at that particular time I was quite vulnerable and you know it is not always easy to judge what someone is like and whether they are reliable over the telephone. It [Handyperson Service] gave me peace of mind and it was a good job well done. I couldn’t believe that someone would come in and do these things...I mean I am a lot better now and more mobile but at that time it was a terrific help.” (Service User, CS3/1)*

Service user survey respondents, however, presented a slightly different picture. When asked if it was likely they would have had work carried out without the service, 58 per cent of respondents said it was “likely” or “very likely”, that they would have had the work undertaken. Thirty-six per cent said it was “unlikely” or “very unlikely” that they would have had work undertaken, either because they would not have known where to go for help or because they could not have afforded to have the work undertaken or because they would not trust someone to come into their home. An additional survey question asked respondents what alternatives they had to the handyperson service. Eighty-four per cent said they would have to pay someone to undertake any work; 23 per cent said they would ask family or friends; only three per cent said they would attempt the work themselves. When asked how they would go about finding someone to undertake work; 62 per cent said they would ask family or friends to find someone and 22 per cent said they would look at a local directory (such as Yellow Pages). Overall these results suggest that for many respondents family assistance was not available (thus handyperson services are not simply carrying out work that people’s families would otherwise do, or that people can do for themselves), and that there is a “market” or demand for handyperson services. It would, however, appear that significant numbers of respondents would find it difficult to pay for work (see Section 5 below). These responses also suggest that if respondents were to seek alternative assistance, then a personal recommendation (i.e. knowing you can trust the tradesman) would be important, reinforcing the earlier discussion about trustworthiness being a key value of handyperson services.

## 4.7 SUGGESTIONS FOR IMPROVEMENT

Few of the service users interviewed felt the handyperson service they had used could be improved. The few suggestions given were for types of work that would not usually be undertaken by a handyperson service, and these tended to be for assistance with external works (for example, one interviewee wanted an uneven concrete path re-laid, another wanted repairs to the roof). For most their primary concern was the service should continue into the future.

*“Tell them to keep funding the service – people like me need them, and there are a lot of me’s around”. (Service User, CS2/5)*

*“The important thing is that there is some way that people can get help to do these things.” (Service User, CS5/2)*

Overall survey responses show that 64 per cent of respondents did not think that the service needed improving, however a further 11 per cent said their handyperson service should offer a wider range of services, and six per cent said the work should be more affordable.

## Section 5: Delivery and Sustainability of Handyperson Services

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### Key findings

- Following the two years of the Handyperson Programme, local authorities anticipated changes in the level of planned funding for handyperson services; 40 per cent of authorities expected funding to be reduced; 24 per cent expected funding to remain the same; 25 per cent did not know what funding would be allocated;
- Service providers expected to adapt their business models for delivering handyperson services by restructuring the model of service delivery; changing criteria for accessing services; reducing the range of services offered and; exploring options for cost recovery;
- Fifty-two per cent of service providers who completed the evaluation survey in the first year charged for services: this rose to 65 per cent in the second year. A wide range of charging mechanisms and policies were employed.

### 5.1 INTRODUCTION

This section of the report draws on the two surveys to local authorities and service providers, supplemented by data from the service user survey, and the case study interviews with service managers, case workers, handypersons and other key stakeholders. It examines how survey respondents reported on the differing possible business models that can be adopted by service providers to sustain their services and reflections from provider organisations regarding how services will be sustained into the future.

### 5.2 PICKING UP MAINSTREAM FUNDING

Information collected via the surveys revealed that some local authorities did not spend all of the Part A handyperson funding received in 2009/10. In the first survey of local authorities, local authorities were asked about their intentions for unspent DCLG funding. According to the second survey, thirty seven local authorities had planned to carry forward their DCLG funding from 2009/10 and did so. Thirty-four per cent also expected to underspend on their Part A funding for 2010/11, and all but two said that they would carry forward these funds to use for handyperson services in 2011/12.<sup>37</sup>

In the second survey local authorities were asked what their level of funding for 2011/12 would be. Forty-four per cent indicated that it would be less than that allocated in 2010/11, 24 per cent indicated that it would be the same, and only six per cent that it would be greater. Twenty-five per cent (including over half of the responding county councils) did not know.

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<sup>37</sup> The second survey of local authorities was undertaken in February 2011 at a time when authorities were still in the process of allocating and finalising budgets following the Government Spending Review in October 2010.

Twenty-five per cent of local authorities expected that handyperson services in their locality would receive financial contributions from other funding sources in 2011/12, for example from commissioners of health services.

The survey data suggest that budget pressures on local authorities following the 2010 Spending Review, together with the inclusion of handypersons funding within Formula Grant, rather than as a separate named grant, have contributed to many authorities reviewing their spend on handyperson services. It appears from the comments provided in the survey forms that many authorities will be looking for efficiency savings, and will seek to achieve these through introducing competitive tendering processes for services. Others, however, intend to maintain or increase the funding for handyperson services either by working with other funding partners, such as the emerging GP consortia, and focusing on particular programmes such as falls prevention, bidding for re-enablement monies to fund handyperson services, or in some case by funding a third sector provider to “seed” social enterprises. Some local authority respondents in the second survey gave detailed explanations of innovative approaches to maintaining or developing services, and examples are shown below.

*“[Name of] Council has worked in very close partnership with [service provider] to develop and implement a 3-year plan to achieve sustainability of the service. By working with only one partner and focusing resources, both financial and officer time, the partnership has been able to build upon whole range of preventive services which complement and expand the original provision. ”* (Local Authority survey respondent)

*“We are working with other departments as much as possible under current financial constraints in order to continue to grow the service to cover apprenticeships, gardening and decorating services if we have sufficient funds.”* (Local Authority survey respondent)

Local authorities were asked how they expected service providers to respond to any changes or potential for changes in funding for 2011/12, and hence plan for their future sustainability. As noted above some stated that they would be re-tendering for services and/or would be undertaking service reviews. Others commented that they had only offered short term contracts to providers matching the length of funding, and so the services would cease as funding ceased, or that core funding would continue whilst services funded through the Handyperson Programme would cease. They also described how service providers would be required to address costs, capacity and efficiency of services.

Examples of more detailed explanations are given below:

*"[Service provider] is reviewing its efficiency on an ongoing basis through regular quarterly monitoring meetings with the Care Trust and council. A small scale charging policy has been adopted which will be reviewed within the context of service sustainability."* (Local Authority survey respondent)

*"It is anticipated that the provider will have to look at reducing capacity and increasing client contribution to the service. It should be noted that a preventative services tender will be advertised in 2011/12 which may include handyperson services."* (Local Authority survey respondent)

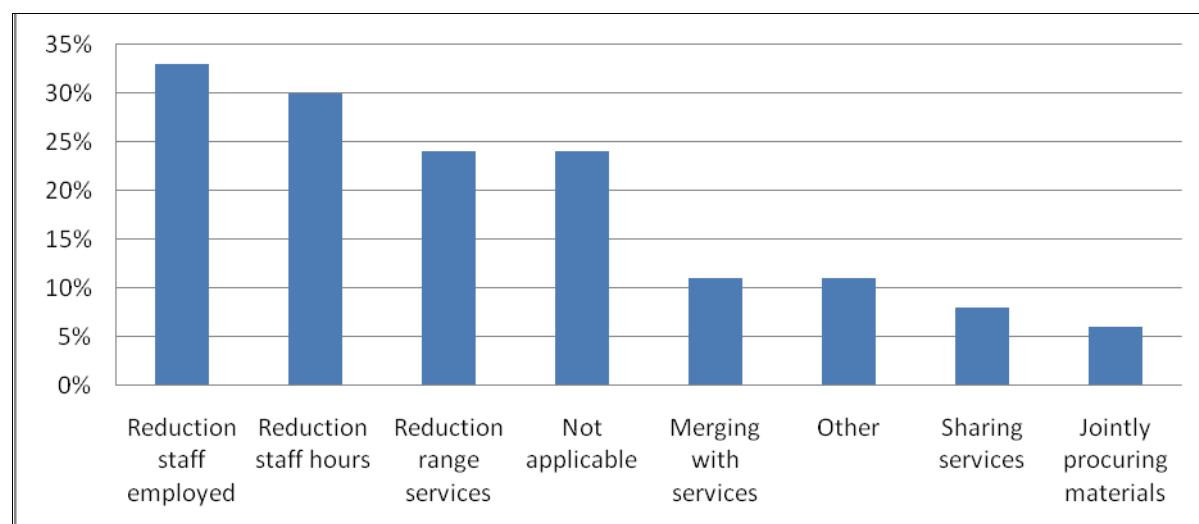
The second survey of service providers asked a series of questions about the funding service providers would be receiving for handyperson services from their local authority or local health commissioners in 2011/12. A little over half of the respondents indicated that they would be receiving funding for handyperson activities and of these, 40 per cent believed that the funding would be the same, whilst 43 per cent believed that the funding would be less. Only 13 per cent expected to receive funding from their local health commissioners. Responses to the second service provider survey did, however, indicate that there was still much uncertainty about funding levels, the situation being summed up as follows:

*"Funding decisions are currently being made...this leaves the charity, its employees and service users unsure of the future of the service and restricted in the amount of planning ahead that can be done."* (Service provider survey respondent)

A number of issues associated with the commissioning of services by local authorities were identified during the case study visits and interviews. As noted above the evaluation was undertaken at a time of considerable uncertainty. Provider organisations were concerned about the possible loss of Supporting People commissioning expertise due to staff changes, or commissioners taking responsibility for a much wider range of services. At an extreme, there were some service providers who did not know at the time of interview who was responsible for commissioning handyperson services within their local authority. There were however examples of good relationships with commissioners who were knowledgeable about handyperson services and convinced of the value of their preventive role. These individuals were likely to be working in a context where handyperson services were viewed as a key element of the wider range of preventive services for older people, and where there was collaborative working and commissioning across health and social care.

Service providers were asked how they would respond in the event that their overall funding for handyperson services in 2011/12 was less than that received for 2010/11. Figure 5.1 shows the responses received.

**Figure 5.1: Service provider's responses to potential reduction in funding**



Source: Second survey of handyperson service providers; baseline 63 responses. Respondents could provide multiple responses.

Descriptions of 'other' included: provision of a more limited service (see Section 5.3 below) and the introduction of some form of charging (particularly to those who can pay or who are not on benefits) and/or an increase in charges. One provider explicitly described moving the service to self-sustainability and another that they had withdrawn handyperson services as their local authority indicated that they would not be funding the services.

### **5.3 ADAPTING SERVICE PROVIDER BUSINESS MODELS**

The second survey of service providers asked about changes respondents might make to their business models and to the way handyperson services might be provided in the future. Three dominant themes emerged which are summarised in Box 5.1, together with examples. These examples are mostly from service providers anticipating reductions in funding or from those who have a more pessimistic view of the future of their services. A fourth theme was in respect of charging, which is discussed in Section 5.4.

**Box 5.1:      Planned changes to business models and methods of service delivery**

Theme	Examples
Restructure model of delivery	<ul style="list-style-type: none"><li>• Service taken in-house by local authority</li><li>• Subcontract parts of services</li><li>• Increase use of volunteers</li><li>• Provide training and apprentice opportunities</li><li>• Change methods of paying handypersons for delivering services</li><li>• Rationalise administration</li><li>• Reduce staff levels</li><li>• Become a social enterprise</li></ul>
Change criteria for access	<ul style="list-style-type: none"><li>• Change criteria for access</li><li>• Reduce waiting lists by removing those with general needs</li><li>• Restrict referrals to those from health or social care</li><li>• Develop referrals with partners</li><li>• Targeting provision using service assessment tool</li></ul>
Change services offered	<ul style="list-style-type: none"><li>• Focus on hospital discharge and admission avoidance</li><li>• Reduce parts of schemes</li><li>• Cease provision of services</li><li>• Change service levels following review by commissioner</li></ul>

Data source: Second provider survey, baseline 63 responses.

Those considering changing criteria for access to services seemed aware of the implications, for example:

*“We are considering only helping people who are referred to us by health or social care professionals. This would reduce the amount of people on our waiting list...but would mean that we were not meeting the general needs of older and disabled people in the community.”*

Many providers cited ways of expanding or changing how charges would be made for their services, although few envisaged having a fully self financing service, for example:

*“We do not believe it is feasible for the service to be self financing through charging even if we decide to charge all clients in future...we propose to supplement the income received from charges”.*

A small number of service providers described anticipating an increased profile and growing services, for example:

*“The agency is looking to grow the service and increase its profile within the wider community: a Home from Hospital service is to be established.”*

*“We are in the process of discussing service models with the commissioners... it is likely that the new service model will include providing universal services including volunteer opportunities, training and apprenticeships and build in social enterprise e.g. furniture restoration, crafts etc.”*



## 5.4 CHARGING FOR SERVICES

Charging for handyperson services is not new. Commissioners have adopted a range of charging models for several years<sup>38</sup>. Service providers in both surveys were asked whether they charged for services. According to the first survey in 2009/10, 52 per cent charged for services. This figure rose to 65 per cent in the second survey in 2010/11. Of those that charged, only 25 per cent indicated that the charges reflected full cost; the remainder indicated that the charges were subsidised. Survey responses indicated a range of charging mechanisms, and this variation was also reflected in the interviews with case study service provider organisations. Broadly speaking; some services were free (or only charged for materials) and in some cases invited service users to make a contribution if they wished. Some free services, however, were only available to those on means tested benefits. Others charged those on means tested benefits less than those who were not receiving benefits. Some services charged for certain elements of the service but not for others (for example, safety checks, small jobs related to health or risk reduction). Where different funding streams were in place, for example funding for a hospital discharge scheme or a falls prevention programme, these services were usually free, however charges were made for more general handyperson services. Costs of travel time were not usually charged.<sup>39</sup> Discussion in the case study interviews with service providers showed that all charging mechanisms were perceived to have advantages and disadvantages (and these are outlined below).

### Looking to the future

With regard to charging in the future, the service provider interviews demonstrated that there were a range of views about the desirability (or not) of charging for basic handyperson services, although most felt that the introduction of charges or in some cases increases in charging would be inevitable, and would to a certain extent be dependent on service commissioners. As one service manager commented:

*“There are lots of reasons for charging or not, and all of them are right!”* (Service Manager, CS6/S/1)

Some providers felt that a small charge for handyperson services was not unreasonable. They also recognised that although many service users were prepared to contribute something, very few would be able to afford the full cost of the service. Many felt it was important to maintain a “hardship” fund to enable services to exercise discretion over payment if they encountered people who really could not afford to pay for services, and indeed many services do already maintain a “hardship” fund. However, they noted that people generally could be suspicious of anything that was presented as “free”, and assumed there were hidden costs. Service managers and front line staff also felt that some service users preferred to pay something, as free services made people feel like they were receiving

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<sup>38</sup> <http://www.communities.gov.uk/documents/housing/pdf/1158363.pdf>

<sup>39</sup> Case study interviews showed however, that provider organisations particularly in large rural areas were mindful of travel costs, and tried to reduce these by trying to arrange work in the same area on the same day.

charity and this in some cases might act as a disincentive to service users to ask for help, or to ask for help more than once.

*“People like to pay, they feel they’re not accepting charity, which they’re not of course – it’s [the service] contracted - they feel they’re contributing to the service. If we were to charge the full cost, they wouldn’t be able to afford it.”* (Service Manager, CS6/S/1).

Where services were free service managers reported handypersons were sometimes offered cash or a tip when they visited, again demonstrating that some service users like to contribute. In one service, service users were invited to make a donation if they wanted to contribute something, and often people did make donations – although as one manager remarked, quite often those who donated the most were those who could least afford it.

A further concern was the practicalities of collecting money (for example, security of handypersons who were carrying cash, and the additional administration costs of invoicing individuals for very small sums of money) although where services did charge none of those interviewed highlighted these issues as problems.

Case study providers who did charge for services also reflected on how difficult it was to set a rate that was affordable, and realistic. One organisation had asked the local Older People’s Forum to set the charge for the service which was deemed a useful and very defensible way of setting charges.

Although charges were seen as one way of generating income, none of those interviewed felt that the service would be sustainable if it was charged at full cost as many people would not be able to afford the service.

### **Views of Service Users on Charging and Affordability**

The service user survey<sup>40</sup> and service user interviews also demonstrated a range of different charging policies. Respondents to the survey reported paying something for their handyperson services (55 per cent), receiving some elements of the service free and paying for others, for example, gardening, or receiving all services free of charge (43 per cent). In addition, some respondents had been linked to other services or programmes (for example, Warm Front<sup>41</sup>) by the handyperson service. In some cases those interviewed were a little confused about which services they had paid for and how much they had paid depending on the bundle of services they had received.

Of those service user survey respondents who had paid, in response to the question, *“How much do you usually have to pay?”*, 27 per cent said less than £10; 33 per cent between £10-£19 and; 18 per cent £20 or more (with one person paying £400 and another paying £2000). Seventeen per cent had paid differing charges depending on the work undertaken.

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<sup>40</sup> The survey did not request information about respondent’s financial circumstances, but did ask what they thought about charging for handyperson services generally, about value for money and affordability.

<sup>41</sup> The Warm Front scheme installs insulation and heating improvements to make homes more energy efficient.

Service users who took part in face-to-face interviews were in different financial situations, most had very modest incomes but others were considerably better off. Some had paid or contributed for the service and others had not. Those who had limited incomes were concerned that they would not be able to afford to pay much, if anything, for any handyperson service, but they also felt that if people could afford to pay something, or make a contribution towards the service then they should to help sustain the service in the future. Those respondents who could afford to pay were happy to pay for services and in some cases people said they would be prepared to pay more. The value-added of the service was its trustworthiness.

*“For me personally, it is finding someone to do the job properly and not the paying of the money – it is getting someone who is reliable and doing the job, nothing at all to do with money.”* (Service User, CS2/2)

Service user survey respondents were asked what they thought was reasonable to pay. Overall:

- 6 per cent of respondents felt that current charges were “about right”;
- 18 per cent thought charges should be no more than £10;
- 23 per cent thought charges should be between £10 and £19;
- 17 per cent thought charges should be more than £20;
- 36 per cent did not know what was reasonable.

Interviews with service users indicated that many service users were not unhappy about paying for a service, as they would prefer to have a service for which a charge was made rather than no service at all, provided that there was clarity about the charges they faced (see Section 4 above). Nevertheless these responses indicate that although service users may be willing to pay something towards services, few would be able or prepared to pay charges that covered the full cost of services.

Reflecting on the data collated during the course of the evaluation from service providers it appears that no one charging model dominates, and there are many variations and practices. However, which ever business model may be adopted for the future it would seem that a degree of public subsidy is necessary to support the “preventive” role of the service.

## **5.5 MODELS OF SERVICE DELIVERY**

Handyperson services are delivered by various different organisations, including local authorities, housing associations, and independent not-for-profit organisations. The type of services that might typically be offered by a handyperson services are outlined in the Introduction, but services can vary enormously in terms of size, scope, and type of work undertaken. Case studies were in part selected to provide a range of different types of service provider, as well as models of service delivery (for example, services that charged a fee or not, employed in-house handypersons or used subcontractors) and to explore perceptions about the possible advantages or disadvantages of different models.

With regard to organisational location, the main advantage of services being located within a local authority, as part of a larger Home Improvement Agency (HIA) or Care & Repair service, was felt to be the closer connection with the different services provided by the HIA and by other related council services which leads to ease of referral for service users to (and from) the handyperson service, as well as opportunities for coordination of different services. Location within a local authority can potentially allow more direct links to strategic planning and commissioning. Services could be seen as part of the bigger picture of service provision for older people. Being physically located in the same space with related staff groups (for example, occupational therapists, and social work teams) also enable the crucial informal networks to develop, and greater understanding of different services and roles. In addition the broader organisational infrastructure (IT systems, training, Human Resources etc) could be drawn on. There were also perceived constraints. It was felt that local authority procurement and audit procedures could stifle some types of activities, for example, attracting additional funding from external sources, including private sponsorship.

*“In terms of the in-house agency, it’s something that has been looked at time and time again about out sourcing to a third sector, but it’s such a good service, value-for-money service. It discharges the council function for DFGs, processes the loans, does all the minor adaptations, it does all sorts, and for that it offers huge benefits, and for social care in particular great benefits in terms of minor adaptations, DFGs, and also signposting for older vulnerable adults. And the council’s wanted to retain that controlling element. I don’t think we would get any better value for money if it went out, in terms of unit costs, value for money.”*  
(Lead Officer, Supporting People, CS2/S/4)

With regard to Housing Association providers, the case studies offered examples of both larger national organisations holding contracts for different handyperson services across a number of different local authority areas, as well as smaller more locally focused organisations. As with local authorities, the infrastructure of the wider organisation could be drawn on, and for those operating across a number of areas it was felt that there were economies of scale – the costs of leasing of vans for example, or bulk purchases of materials. Similarly learning and experience from different services could be shared, and staff skills deployed across different areas as and when required. A note of caution was sounded by one service manager who reflected how there could be possible tensions between being part of a wider corporate body and a local service.

*“There are more advantages to keeping things local – with local knowledge and local staff, local networking partnerships, local contractors - based where they are, they know what are the trends and demands locally. And that’s not the case at Head Office – they have other pressing agendas, and maybe want to move the agency in a particular direction against local patterns of demand. A couple of years ago [Organisation] tried to force their strategies onto the [service], but through the Advisory Group, it was resisted and [Organisation] had to back off. What they were trying to do was as quite legitimate and trendy at the time, but it just didn’t fit locally, comfortably with what local authority wanted to do and other local partners, and with service users.”* (Service Manager, CS10/S/2)

Smaller housing associations felt their long standing local connection and reputation within the areas they served were highly valuable. Two of the case studies were smaller housing associations, who were well known in the localities where they provided the services, and seen very much as part of the community.

The three independent organisations represented in the case studies were all well-known and well-established in the areas where they operated. They all offered a wide range of services in addition to handyperson services, and felt their independence enabled them to diversify and experiment as well as drawing in additional funds from a range of different organisations to support activities. It was also felt that independent services were less likely to get caught up in corporate changes. A disadvantage was the less direct links to strategic decision makers and statutory sector services, although such links could be developed. An effective and representative Advisory Board or group where key partner organisations could be represented was considered to be useful mechanism for establishing such links.

From the case study discussion with both providers and commissioners, it would appear that each of the three organisational models can and do work well, although each has perceived advantages and disadvantages.

## **5.6 SUBCONTRACTORS OR IN-HOUSE HANDYPERSON**

Most of the case study provider organisations employed their own handyperson staff, although some used sub-contractors for certain types of work, or in some cases had an approved list of tradesmen who they could recommend to service users if the work they needed was beyond the scope of the handyperson service. One case study provider (an independent provider) did not employ its own handyperson staff, and had always used subcontractors, who for the most part had worked regularly for the provider organisation for a number of years. The underlying thinking in working with subcontractors was that they are only paid for the work they do, (so for example, in quiet periods, costly staff time is not wasted), and costs of tools and vans are met by the subcontractors and do not require investment by the provider organisation. Those organisations, however, that did employ their own handypersons felt that it was cheaper to employ in-house staff, and they had greater control and flexibility over the planning of the work (for example, responding to emergencies or urgent calls which might require working late). Covering urgent calls did not, however, appear to be a difficulty in the case study where subcontractors were used. For those that employed their own handypersons, there were also concerns about recruiting the “right” people who had not just the skills for the job, but also understood the needs of older people and other vulnerable groups. Again, the organisation working with subcontractors also recognised the need for these additional skills and felt they had found them in the subcontractors they regularly used.

On the basis of the case studies it would be difficult to make a judgement as to whether either model – employing in-house handypersons or subcontractors – works best. Nevertheless, as observed by service managers, and by the handypersons (including subcontractors who were interviewed), the skills required by a handyperson go beyond simply doing practical tasks. They recognised the need for patience, and careful time management. As one of the handypersons interviewed explained:

*“You need a lot of patience, when you turn up at someone’s house, a lot of the time, they use Zimmer frames, other walking aids, they’re very, very slow on their feet, and some of them it takes them an awful long time to say what they are trying to say, so I do think patience is important. Cos obviously, when you’re in that situation you’ve got to go at their pace rather than the pace you would normally go at....someone who’s deaf, you’ve got to try and shout at them without coming across as being aggressive or rude, and that can be a bit challenging, so I think you know, you do have to be patient and you do have to be caring. ..you’ve got to try and be a bit flexible with it, and not clock watch, if you did that it wouldn’t really work, quite often they are very lonely, you could be the only person that they speak to that week...We have a joke among themselves, we’re not just tradesmen, we’re also got to be like social workers – sit down with them and have a chat and a cup of tea sometimes...”* (Handyperson, CS15/S/1)

## 5.7 A SERVICE OR A GRANT?

One county council had utilised the Handyperson Programme funding to provide grants for small jobs in the house and garden (up to a maximum of £200) as opposed to funding handyperson services. The intention was to ensure that all the additional funding from the Handyperson Programme went directly to older people, and allowed them the choice of how to spend the money and who to ask to carry out the work. This model is of interest as it is relatively simple and serves current agendas around choice and control, and has low administration costs.

*“For big jobs you do need all the surveys and assessments, but we just felt that for small jobs they [older people] know what they want doing, and we just felt that what for some people, what the expert said they needed wasn’t actually what they wanted, if they said they wanted painting that would improve their quality of life more than some other things – so we thought the whole point of Putting People First is people saying what they need, it’s up to them, so we thought we ought to try that out...”* (Policy Officer, CS5/S/1)

To apply for a grant, applicants had to declare on the application form that they were aged 65 or over, had less than a given amount of savings<sup>42</sup>, and confirm that the grant would be used to carry out the type of work listed on the form (small jobs in the home and garden). Applicants were also requested to keep the receipts once the work was carried out. The onus was on the individual to find someone to carry out the work. The local Trading Standards Department could provide a list of approved tradesmen if required. Information about the grant scheme was distributed across the county, targeting venues which older people were likely to visit (for example, GP surgeries), or professionals working with older people. Applications could be processed quickly, and confirmation that the grant application had been successful was usually sent within two weeks, with a letter reminding applicants that they had made a declaration that their savings were under the specified limit, and they were aged 65 and above.

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<sup>42</sup> Total amount of saving allowed: £23,000 for single people, £46,000 for couples

As noted in Section 3, handyperson services are valued by service users because of their reliability and trustworthiness, and their capacity to take on small tasks. It would seem this model of provision, while serving agendas around choice, does not address some of the elements of the service that are particularly valued by service users, nor does it allow opportunities to link individuals into other services. A further concern is that of the location of responsibility for remedial work if the job was “botched” and damage caused. However, the evaluation of the project showed high levels of appreciation from those who had received a direct grant. Two thirds of the grant applicants were already on the social services data base (indicated they were already in receipt of some type of service).<sup>43</sup>

Two individuals who had applied for grants and received small sums of money were interviewed. They reflected that the process of application was very simple and efficient, and were very grateful for the financial assistance. Of interest is that one of the respondents used a local handyperson service provided by a third sector organisation to carry out the work she needed. The other had paid a local tradesman recommended by the manager of the sheltered housing scheme where she lived. Both felt that the grant system was very valuable, but it placed the onus on the grant recipient to find someone to give a quote and to carry out the work. Both respondents reflected on how difficult it could be to find someone trustworthy who was willing to undertake small jobs.

*“Touch wood, I’m quite fit, and still relatively with-it, and also I used to run my own business, so I know how to find things out, but a lot of people are, you know, 20, 30 years older than me, so it would be a lot of effort for them to do that.”*  
(Service User, ES2)

It would seem that in essence simply providing the funds to undertake small repairs offers some advantages. The grant process was relatively simply to administer, and the project was designed to support thinking around choice and control, and to ensure that the additional funding from the Handyperson Programme went directly to older people. The in-house evaluation demonstrated high levels of satisfaction and the recipients of the grant were predominantly older people living alone. Nevertheless, the “value-added” aspects of providing a handyperson service, as outlined above, might be diluted by simply offering a grant. Some grant applicants would need information about how to find suitable and reliable tradesmen. In this particular locality, Trading Standards could provide this information, and this additional support would appear to be an essential element of providing a grant as opposed to a service.

## **5.7 PERSON CENTRED SERVICES**

Regardless of service model, all those interviewed in the provider organisations considered that taking a client centred approach, is, or should be, the main ethos of handyperson

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<sup>43</sup> See; East Sussex County Council. 2010. Handyperson Grant Pilot Project: Final Report. A total of 1,886 households received a grant during the operation of the scheme. A follow up survey of grant recipients indicated that 61 per cent were aged 75+ and 45 per cent reported they had a disability. Seventy five per cent were home owners. Eighty nine per cent reported that it had been easy or very easy to find a tradesman to carry out the work.

service delivery. Maintaining a clear customer focus, or “dealing well with people”, was key to the success of any service, and to maintaining the reputation of the organisation.

*“We’ve put a lot of emphasis on that, on client satisfaction, on dealing well with people even when some of them can be incredibly difficult, but at the end of the day we’re only here to do that, we don’t do anything else except help people, so we should be popular, we should have a good reputation, so any complaints – we haven’t had an official complaint against the organisation for over 6 years – and any minor ones that come up, the contractor didn’t turn up or something, we make sure that is dealt with immediately. It’s amazing, that’s all people want, somebody to say, I’m really sorry, I’ll deal with it, or I made a mistake I’m sorry. So I think we’ve instilled that into people.”* (Service Manager, CS1/S/1)

The attitudes and commitment of all the staff, particularly front line staff who either carried out the handyperson tasks, or dealt with requests or referrals, was felt to be at the heart of a successful service. Many of the frontline staff interviewed spoke about their high levels of job satisfaction, and how working for the handyperson service made them feel that at the end of the working day they had made a difference.

*“We are very, very lucky with the type of people we work with, we’ve all got very similar outlooks, we’re all here for the right reason. It’s not just a job.”* (Senior case worker, CS7/S/1)



## Section 6: Innovation

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### Key findings

- Enhanced funding has promoted innovative working, and demonstrated to partner organisations that handyperson services could take on additional roles, and test and refine ideas about how services might progress in future.
- The enhanced pilots demonstrated the importance of responding to knowledge about local needs, local strategies and service developments, and recognised gaps in local service provision.
- All of the enhanced pilots were going beyond what would be seen as a “traditional” handyperson service. However they were still very much in the spirit of promoting independent living, and providing a person-centred service.
- The pilots have also demonstrated that the core skills – both practical and social - of handypersons can be utilised to provide a more tailored service for people with particular needs (for example, people living with dementia) as well as to offer additional support to other services (for example by carrying out assessment for minor adaptations).

### 6.1 INTRODUCTION

As part of the handyperson programme local authorities were invited to submit bids for additional funding to support “enhanced pilot” projects designed to test new ideas for housing-related support services for older people. Nineteen local authorities were awarded additional funding of between £50,000 and £200,000 over the two year period of the programme to take forward these enhanced pilots. As might be expected there was considerable variation in the focus of the enhanced pilots. Some used the additional funding to enhance and expand existing services while others developed new areas of work, or new ways of working with other partners, or specific projects, including exploring ways of intelligence gathering to inform future service delivery. In the first months of the evaluation, data on the initial progress of the nineteen enhanced pilots were collated. Seven of the enhanced pilots then took part as case studies at a later stage in the evaluation. The case studies were selected partly to ensure a range of different types of pilots in different locations, undertaken by different types of service provider, and partly to pick up innovation and new areas of work. Due to the timing of the evaluation, case studies were drawn from those pilots that had been able to make early progress. In this section, the broader lessons that can be taken from the enhanced pilots projects are reported. The nineteen enhanced pilots are shown in Table 6.1:

**Table 6.1: Summary of enhanced pilots**

<b>Authority</b>	<b>Summary</b>
Dudley	Home Safety Assessment Officers undertaking pro-active targeting assessment of home suitability.
Warwickshire	Pro-active housing options service, building on pilot (“should I stay or should I go”).
Tower Hamlets	Integrating existing services under one holistic hub and centralised pathway and referral system.
Middlesbrough	Gardening scheme / energy efficiency.
Wirral	Dementia pathway support / Hub service.
Knowsley	Joint working to further improve information and access to services and promote independent living for older and vulnerable people in the borough.
Blackpool	Brokerage of links with health and linking housing service to achieving wider health targets.
Manchester	Development of predictive risk model, plus joint commissioning arrangements.
Cornwall	Housing Options/ Health links staff/ assessors.
North Somerset	Housing Options service
Plymouth	An emergency electrical and heating service; a service matching allotment gardeners to elderly who have gardens to maintain; a decorating service and a hospital discharge service
Newcastle	Front line Caseworker (based in HIA) will work with the emerging infrastructure to help individuals to access housing-related support.
Milton Keynes	Caseworker supporting housing options and co-ordination of other preventative activities
Warrington	Housing Option and Volunteer Co-ordinator.
Northumberland	Case worker improving targeting, information, advice and advocacy.
Northamptonshire	Funding two caseworkers, their co-ordination and service integration with use of predictive modelling.
Leeds	Project to bring back-to-back built properties up to “Decent Homes” standards.
Norfolk	Home de-cluttering service.
Rochdale	Emergency service for electrical and heating faults.

Almost all those interviewed reflected that the additional funding had been extremely valuable to promote innovative working, demonstrate to partner organisations that services could take on additional roles, and test and refine ideas about how services might progress in future.

Generally, the enhanced case study projects demonstrated the importance of responding to knowledge about local needs, local strategies and service developments, and recognised gaps in local service provision. During the course of the funding period, some projects changed scope and focus, usually as a result of service users' response to the new service, or particular aspects of a new service.

## **6.2 RESPONDING TO LOCAL NEEDS**

All the case study pilots were, of course, responding to local needs, drawing on local sources of information to develop their ideas, as well as their own knowledge of their service users, and the types of needs they had.

Two of the case study pilots had introduced a housing options element to their service. The additional funding had been used to employ individual housing options workers who could offer not just basic advice and direction, but also provide more intensive one-to-one support to older and/or vulnerable people who were experiencing considerable housing difficulties, often exacerbated by poor physical and mental health. As well as working with individual clients, the housing options workers also sought to promote the service to other service providers, including health, social care and third sector organisations. Both of these enhanced pilots were responding to increasing demand for information and a recognition that for some clients simple direction or advice was not enough, and a detailed knowledge of a range of different housing and related services was required to assist them, as well as considerable input from an individual case worker, and the capacity to take on a "brokerage" role and proactively find solutions to problems. As one of the Housing Options case workers explained, the project had changing his thinking and that of colleagues within the service;

*"In the past the ethos has always been keeping people in their own homes, and now I've been given this remit of thinking laterally about housing advice and options, and where the person might be best off trying to move for longer term and healthy future. It's really changed the perspective of the agency. Myself and my colleagues now don't think, we'll have that person stay put, we'll put that adaptation in, we'll patch that repair up. I'm now getting referrals from my colleagues, the handymen and the other case workers, and they say to me, "Well I went to see Mr C, and he wants us to try and get him some heating sorted out in his house, it's a cold winter. But I mentioned your service, and Mr C's is happy for you to come along and talk to him about maybe selling his house, moving into a leasehold or purchase sheltered scheme, because he's realised he's very lonely where he is, and even if he gets his heating sorted out, he'll still have a life of isolation, loneliness, depression." And therefore those mental problems encourage physical problems. And I go along, and he says, "Oh yes, actually it would be nice to move to that, I've got no idea of how to move to somewhere like that", and then I start to answer all his questions, and bring other*

*partners in the community in to give moving support, it might be Age Concern, it might be carers organisations, getting their floating support paid for by SP grant, and suddenly we're getting people into homes where they can be happy and thrive. So that really has changed our perspective."* (Housing Options Case Worker, CS10/S/3)

Both projects were able to give detailed examples of older (and sometimes younger) people with highly complex needs, often in situations of extreme difficulty with little support. Not only did case workers spend many hours with these clients individually, there was also considerable time spend in locating other sources of support, making applications for benefits, helping with finances, and organising additional services. Nevertheless, with this intensive support these individuals had been assisted to make informed choices about where they wanted to live.

*"Through each of the cases, it's really shown that it's more hand holding that our clients are needing, and we thought that would be the case, some people are very vulnerable... more than I ever envisioned they would to be honest. You go out and do your research and you get a picture in your mind, pass on fact sheets, information, it's fine if people are confident, but having somebody sitting next to them, it's surprising how much confidence people can gain. It's made such a difference to the client, you can see a difference, the worry lines are disappearing from their face, and that is very, very rewarding."* (Housing Options Case Worker, CS7/S/2)

One case worker reflected how difficult it would be to charge for such a service, particularly when people needed more intensive support. Her most intensive case was with Mrs P, aged 86 who had been deaf since childhood, had experienced a number of falls, and had been living alone in an upstairs flat. With the assistance of service she eventually moved to a ground floor flat in sheltered housing scheme.

*"You can't even do an hour visit, just a normal visit is at least - with Mrs P - two hours, by the time you go in, get her to feel comfortable, let her tell you what's gone on during her week, the concerns that she's got, and then going down and saying, well right, this is the way we can work round it. How do you feel? What would you like me to do? I can't go and say, I can only give you half an hour, because that puts a barrier up, and doesn't make her feel comfortable. Over the last couple of months, I wouldn't like to think of the hours that I've spent, at least 90 hours or more, a lot of time – by the time you've gone in, spend time in with the council, from one department to another department, you can spend two or three hours on one visit, basic information, basic housing benefit claims, council tax claims. Going to visit a property, you can't just walk in and say, well there it is, what do you think, and then just walk off. You've got to sit and discuss it, whether it's the right move to be making, do you think you can set up in this environment. You've got three or four visits before you even think of progressing."* (Housing Options Case Worker, CS7/S/2)

A third case study pilot was designed to improve the physical condition and quality of the home environment of older people aged 75 and over living in Victorian back-to-back terrace houses. Such properties typically have a single access point, and very steep stairs. Previous work undertaken by the local authority had identified that many of these properties were in a poor state of repair, and often occupied by older people. Using the data from the earlier study there was a targeted promotion programme (including leaflet drops to houses in particular areas, poster and information left in key locations such as GP surgeries). The main aim of the project was to reduce the number of Category 1 hazards in these properties, notably by reducing excess cold, improving fire safety, and safety on stairs. Residents were offered a visit to assess any hazards in their homes, followed by the installation of a free package of low cost energy efficiency and safety measures. The case worker could also direct people to other services that might be able to help, including handyperson services, if requested. Initial interest in the service was less than had been anticipated, and it was felt that the earlier study had over-estimated the numbers of people over 75 living in back-to-back properties. The service was, therefore, extended to include people aged over 60. Mrs W explained what the service had done for her:

*“She came down and discussed it all with me and it was fantastic, because I have arthritis she had my taps altered for me, she changed them from turn ones to push; she got me bath rails fitted because I had a fall getting out of the bath and she got me an extra handrail on the staircase and they put me new handrails on the dorma staircase and on the steps down to the cellar – I try not to go down there but I do sometimes – they put me a new safety lock on the door – it is like a bar that goes across – and she had my boiler and my fire serviced...”* (Service User, CS1/2)

The fourth case study pilot was a bundle of initiatives which were all aimed at perceived gaps in the service as highlighted by consultation with service users and included: decorating, provision of emergency heating, and a “garden sharing project”. This latter element was particularly innovative as it attempted to address older people’s need for assistance with gardening through volunteers, and as noted below also addressed issues around crime prevention and social isolation. Older people who are no longer able to maintain their garden are linked with local people on the waiting list for an allotment. These individuals are CRB checked, and in exchange for space to grow their own vegetables, undertake gardening tasks. The scheme is self sustaining and has attracted interest from other local authorities. In the first year of operation more than 50 “garden shares” were established.

### **6.3 ADDRESSING GAPS IN SERVICE PROVISION**

The fifth case study pilot introduced a “one-off” garden clearance service and installation of security measures (external lights, spy holes *et cetera*) based on recognition that in the local area many of their most vulnerable clients lived in properties with gardens that had been long neglected and required total clearance, becoming obvious targets for crime (as they gave a clear indication that the occupant was probably living alone and unable to cope), and sometimes generating complaints from neighbours to environmental health. A voluntary sector agency offered a gardening service, but could not take on major garden clearance.

Demand for the service was as predicated, although slow initially to build, however, there was greater than expected interest in the external security measures. A number of very vulnerable people who had not been receiving any support previously were also assisted with other types of repair and links to other services.

A further enhanced pilot<sup>44</sup> took forward the idea of offering a decluttering service, based on the recognition that hoarding was increasingly recognised as an issue in the locality (as indeed it is nationally), with a wide range of consequences for both individuals and service providers, and no single professional group or organisations offering early or practical assistance. It was recognised that homes that were “cluttered”, were putting residents at risk of falling, increasing fire risk, and having a detrimental effect on health. In some cases tenants were facing eviction because of they were in breach of their tenancy agreements. Often it was impossible to undertake even minor repairs, or for people to return to their homes following hospital discharge. The intention of the service was to employ a case worker (for three days a week) to offer time limited help to individuals to reduce the clutter in their homes (for example, organising collection of old furniture, removal of items to local charity shops), and indeed for many individuals this approach worked very well. However, over the course of the pilot it became clear that a small number of individuals had longstanding mental health problems, often reflecting lifelong patterns of obsessive behaviour. In such complex cases the handyperson service could redirect and sign people to other more specialist support demonstrating the preventative role of the services.

#### **6.4 STRATEGIC FIT WITH OTHER LOCAL SERVICES**

The sixth case study enhanced pilot was developed with the assistance of the local Alzheimer’s Society, and focused on providing a regular gardening service for people with dementia as part of a broader programme of work being taken forward by a number of different agencies to improve services for people with dementia across the local authority. This service addressed a number of needs including: providing some meaningful activity, exercise and company for the person living with dementia by engaging with them in the gardening activity; and providing a short break for carers. Handypersons were provided with dementia awareness training by the Alzheimer’s Society, as well as with training for horticultural skills. Over time, the numbers of people using the service regularly had grown, and many were prepared to pay something towards the cost of the service.

Finally, the seventh case study enhanced pilot expanded the handyperson role with handypersons working as trusted assessors in a Smart Home. Self referrals and referrals from social services for small aids and adaptations were re-directed to the Care and Repair service (as opposed to being formally assessed by occupation therapy services). Services users could then visit the Smart House, try out the different types of equipment, and have them installed most usually by the same person they had met in the Smart House. This project was part of a wider strategic development to bring together a range of preventive services (for example. community equipment services, wheelchair services, therapy and accident prevention services, Disabled Facilities Grants services) within one Centre for Independent Living. As a consequence of the pilot, it was reported that waiting lists for

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<sup>44</sup> Note that this enhanced pilot project did not formally take part as a case study.

occupational therapy assessment had been considerably reduced from 6-12 months, to between 4-6 weeks for a senior therapist, and 7 days for a therapist assistant. Occupational therapists were able to focus on clients with complex needs. Both these examples highlight how handyperson services can be successfully embedded in broader strategic initiatives, and help take forward service developments.

## **6.5 BROADER LESSONS**

The enhanced pilots offer a number of broader lessons.

In the first instance, as intended, all of the pilot projects were going beyond what would be seen as a “traditional” handyperson service, although still very much in the spirit of promoting independent living, and providing a person-centred service. The pilots have also demonstrated that the core skills – both practical and social - of handypersons can be enhanced (with some additional training), and utilised to provide a more tailored service for people with particular needs (for example, people living with dementia) as well as offer additional support to other services (for example by carrying out assessment for minor adaptations).

A number of projects also found themselves engaging with clients with complex needs who required very intensive support. With the additional resources received from the handyperson programme, services were able to help such individuals, and many service providers could provide examples of people who been assisted to make considerable improvements to their living conditions. Where possible individuals were linked to other more specialist services, often for the first time. In thinking about the future of handyperson services and possible ways in which services can innovate and develop new practice, lessons regarding the boundaries of what can realistically be achieved by handyperson services need to be taken into account. Nevertheless even where the specialist skills required to help individuals with complex needs were beyond the capacity of handyperson services, they were able to redirect and sign people to other services, reinforcing the crucial preventive role of services.

A process of on-going review during the pilot projects allowed for reflection, and for learning to be applied as the projects progressed. For example for some case study pilot projects there has been some caution about publicising the new service too widely as there were concerns about raising expectations. Nevertheless, once established, the pilot projects gained ground, and most had identified and addressed real needs for services in their evolving design. In addition some of the projects had, during the course of the funding, changed focus or direction to respond to changing local circumstances, and this quasi-action research model would seem a useful model to adopt to test innovation in the future.